STATE OF MARYLAND—	CERTIFICATE OF DEATH 01397
1. PLACE OF DEATH	(3)
County Carroll	Registration Dist. No.
Village or City Near Daney Town	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles E. airing	
(a) Residence: No. Janey town md R Not	2-St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
mariel mariel	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) the Ctal K. Wring	22. I HEREBY CERTIFY. That I ettended decessed from
6. DATE OF BIRTH (month, day, end year) Wort. 10, 1887	I last saw h Asse alive on 1934 deeth is seid
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 2/54 m.
4 2 - 1 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	(Magnic Valorias) (3917)
9. Industry or business in which work was done, as SILK MILL,	Helant chains 1 1933
SAW MILL, BANK, etc.	
O IOT Date deceased last worked at this occupation (month end year)	
your, your,	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country),	Chune In Un Shild
	Note 12 1
E X	1
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Mar Charles & Clinian	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Janeuran	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Comed Janey by Leb 28, 1934	Nature of Injury.
ento la	24. Was disease or Injury In any way related to occupation of deceased?
19. UNDERTAKER Danks One (Address)	If so, specify
10 FULL ST 10 4 M - D 12 11/1 14	(Signed) 14 / 18 enne M.D.
20. FILED THE Registrar.	(Address) Junitary MA
If more blanks are needed address State Registrar.	2411 N. Charles Street, Baltimore Requesting 91 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

3	Example II		
The principal cause of death and related causes of importance were as follows:			
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	bate of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ż

FOR BINDING

1. PLACE OF DEAT		OF MAR	YLAND-	CERTIFICATE OF DEATH 0139	8
County Carroll Village of City Gamber, R.F.DFinks				76	
			D Finks	Registration Dist. No.	
			(1	f death occurred in a hospital or institution, give its NAME instead of street and number	War
Length of residence in cit	y or town where	death occurred	yrsmos	sds. How long In U.S. if of foreign birth?yrs mos	d
2. FULL NAME	Georga:	nna Barı	nes,	A 100 March 1980 - 1980	
(a) Residence: No.		Gamber (Usual place	,Md.	St., Ward.	
PERSONAL AN	DSTATIST			If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOI	R OR RACE	5. SINGLE, MAI	RRIED, WIDOWED. ED (write the word)	21. DATE OF DEATH February - 28 - 1934	4
Female Vi		1110	O 44		(aar)
(or) WIFE of late	eo.Alf	red Bar	nes,	22. I HEREBY CERTIFY. The Intended decease File 2/7954 to File 28	ed fro
6. DATE OF BIRTH (month, day	, end year) 18	52-8-25		I lest sew het alive on Felt; 26 1954; death	h is sa
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, 6:30a:-m.	
81	6	1 3	1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es in lows:	ofonse
N. Trede, profession, or pa kind of work done, a SAWYER, BOOKKEE	rticular as SPINNER, PER, etc	None		were estatows humandays Date	~
kind of work done, as SAWYER, BOOKKEEI SAWYER, BOOKKEEI Work wes done, as SAW MILL, BANK, e Date deceased last worl	ILK MILL,				
Date deceased last work this occupation (mon year)	ked at th end	spe	time (years) ent in this upation		
12. BIRTHPLACE (city or town) (State or country)	Carro Maryl	and		Other Contributory Causes of importance: Bout Militation of Leaf	
置 13. NAME El:	isha Gr	iffee,			
13. NAME El:	MII)	roll Co	. ,	Namo ef operation Dete of Was there an autopsy	2
15. MAIDEN NAME ME	artha A	nn Pool	e,	23. If death was due to extarnal eauses (WOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or tov (Stata or country)		oll Co.	.2	Accident, suicide, or homicide?	
17. INFORMANT Mrs. (Address R. F. D.	-Finksl			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR RI		itysta Mar	ch-2-1934	Menner of injury	
19. UNDERTAKER (Address)	m. Hay	Ind.		24. Was disease or injury In eny way related to occupation of deceased?	
20. FILED 5/ , 1	34 12	woo	Registray.	(Signed) M. C. Ermelle (Address) Mesthemaler	Zee
	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial 'nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01399
1. PLACE OF DEATH	<u> </u>
County Carroll	Registration Dist. No.
Village or City Patersas	No. St Ward
20 - 0	f death occurred in a hospital or institution, give its NAME instead of street and number)
6 0 0	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME June O. / Dea	ecc.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 50. 15 married widows with the world)	21. DATE OF DEATH 2 /2 ,193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced Webband of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) See 16-1877	22. I HEREBY CERTIFY. That I attended deceased from 76 9th 1934, to 756 12th 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
56 / 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NS Trade profession or particular	Browled Incurred 2/8/34
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et the occupation (month and	
10. Date deceased last worked et this occupation (month and /933 11. Total time (years) spent in this occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Hury Clund	Tanal Engrépoles 4/11/34
13. NAME / Hrank lin Ranes	
13. NAME / Heart len Ravel 14. BIRTHPLACE (city or town) / With (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary & Bond	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Mary & Bond 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, Where did Injury occur?, 19
17. INFORMANT PM Beau (Address) Patalney and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PROPERTY Chechef Date 2-15, 1934	Menner of Injury
19. UNDERTAKER Coles Register	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 2/13, 1934 Huesodword	If so, specify (Signed) She Resh M.D.
Registrar.	(Address) Hampston ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

I. PLACE OF DEATH		(97)	
County Cartall		Registration Dist. No	74
Village or City Aughan	aille	No pring feels Ktak Na	or pelanot
Length of residence in city or town when	e death occurred / 6 yrs 4 mg	If death occurred in a horpital of institution, give its NAME instead of stress. J. ds. How long In U.S. if of foreign birth?yrs	eet and number)
2. FULL NAME	. R.00	one of the state o	ds
	a nuc	Ne TT	MI
(a) Residence: No.	(Usual place of abode)	St., Ward. Aleke Colored Sive city or to	wn and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	
S. SEX 4. COLOR OR RACE feerale laket	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	-u/ Rele	22. I HEREBY CERTIFY. That I at	
6. DATE OF BIRTH (month, day, and year)	kr. 17,1857	12, 0	9.8 44 death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2	
176 9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
8. Trade, profession, or particular kind of work done, as SPINNER,	Sauce		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at	The state of the s	alleresolusses	191
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	henoud	Other Contributory Causes of importance:	
13. NAME News W	all	-	
14. BIRTHPLACE (city or town)	buonn	Name of operation Date	ite of
(State or country)	dieia.	What test confirmed diagnosis? Was the	ere an autopsy? 74
15. MAIDEN NAME Viegrite 16. BIRTHPLACE (city or town) (State or country)	in Hausford	23. If death was due to external causes (VIOL ENCE) fill in also the fo Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Nackilal (Address) Dykical	Recards Mr.	(Specify city or town, county a Specify whether injury occurred in INDUSTRY, In HOME, or in PUBL	ind State) LIC PLACE.
18. EVERAL, CREMATION OF REMOVAL	Coater Leh. 12, 1934	Manner of injury	
19. UNDERTAKER Stewart 4 7	deven Co.	24. Was disease or injury in any way related to occupation of decease	ed?
20 51150 Teb. 10 1034 C	Ham Heer	(Signed) Mand M. Ree	M. D

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) Suke

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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	Example I		Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUREZULY, 5,			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				,

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF I	DEATH	01401
1. PLACE	OF DEAT	TH			<u> </u>		01401
County	Vian	roll	~	Lanesco Maria	Regis	stration Dist. No	79
Village o	r City M	udall	eburg		Np.		St., Ward
and the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		+		death occurred in a hospital or institution, give i		
Length of	residence in cit	y or town where d	leath occurred	yrsmos	ds. How long in U.S. if of foreign 1	Birtingyrs.	ds.
2. FULL N	IAME /	efaut	Maid	dung	W.		
(a) Resid	dence: No	/	(11 - 1-1	U.	St., Ward.	paresident give city or to	St1-
PERSO	ONAL AN	D STATISTI	(Usual place		MEDICAL CERTIF		
3. SEX		R OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	~	,
m	,	(1)	OR DIVORCE	rite the word)	Jel-	Y	, 193
5a. If married, wid	dowed or divor			-	(Month)	(0ay)	(Year)
HUSBAND o	f				22. I HEREBY CER	RTIFY. That I at	ttended deceased from
		70	1 0 1	2611		., to	., 19
6. DATE OF BIRT	TH (month, day	, and year fel	- 81/	154	I last saw h alive on	,1	9; death is said
7. AGE	Years	Months	Days	If LÉSS than 1 day, Ohrs.	to have occurred on the date stated above, a		
	0	0	0	ormin.	The PRINCIPAL CAUSE OF DEATH and reliwere as follows:	ated causes of important	Date of onset
8. Trade, pr	ofession, or pa	rticular as SPINNER.			Stellore		
SAWY	of work done, a YER, BDDKKEE! or business in				Sulevori	~	
Work	was dono, as S MILL, BANK	ILK MILL,					
O 10. Date dec	eased last work	ked at	11. Total ti	me (years)			~~~~
THIS O	ccupation (mon		oct	tin this pation			
12. BIRTHPLACE	(city nemown)	mid	dely	190	Other Contributory Causes of importance:		
(State or e		m	eryla	wil			
13. NAME	learl	les all	de / Du	lelinger			
14. BIRTHPL	ACE (city or to	wn)/	O		Name of operation	Da	ate of
(State	e or country)	m	angl	and	What test confirmed diagnosis?	Was th	ere an autopsy?
H 15. MAIDEN	NANELLU	we R.	9. Bou	revsox	23. If death was due to external causes (VIOL	ENCE) fill in also the f	ollowing:
Jen	ACE (city or to	wn)/		0	Accident, suicide, or homicide?	Date of Injury.	
∑ (State	e or country)	m	ceyla	w	Where did Injury occur?	=======================================	***************************************
17. INFDRMAN?(Address)		1 Dec	Deng	o me	Specify whether injury occurred in INDUST	ify city or town, county RY, In HOME, or In PUB	LIC PLACE.
18. BURIAL, CREM	MATIDN, DR R	EMOVAL	4 :	101	Manner of injury		
Place	u Ho	re lem	Date fel	WY , 193 /	Nature of injury		
19. UNOERTAKER (Address)		E Ca	Ali	my that	24. Was disease or injury in any way related	to occupation of decease	sed?
20. FILED 7-4	-	934 Mr	s. Pha,	D. Deller Registrar.	(Signed) Estector	7 Dille	M. D.
		76 mars	blanks are moded		2411 N. Charles Street Baltimore Properties 9	71 C X7	

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Example I	İ	Example II	2 .
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

B.

certificate.

Jo

17. INFORMANT L

19. UNDERTAKER

20, FILED.

(Address)

(State or country)

18, BURIAL, CREMATION, OR REMOVAL

state

of OCCUPApluods

	LAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Carroll		Registration Dist. No. 76
Village or City Plan. Wislimm Length of residence In city or town where death occurred	(lí	No. St., death occurred in a horpital or institution, give its NAME instead of street and nds. How long in U.S. If of foreign birth?
2. FULL NAME A rederick ON (a) Residence: No. (Usual place of	0	St., Ward. If nonresident give city or town and
PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male White Married		21. DATE OF DEATHS
5a. If married, widowed, or divorced HUSBAND of Calberta Filenning Bill 6. DATE OF BIRTH (month, day, and year) Fieb 19 7. AGE Years Months Days	1874 If LESS than	1 HEREBY CERTIFY. That I attended do logues 12 1038, to Promote 11 last saw h. Euranve on January 31 1934. to have occurred on the date stated above, at 65 m.
		The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
12. BIRTHPLACE (city or town)		Other Contributory Causes of Importance: Other Course Muliae Requirements and Muy oco, ditis
13. NAME In article 03 type 14. BIRTHPLACE (city or town) (State or country) In arribund		Name of operation. Date of
15. MAIDEN NAME Conference 16. BIRTHPLACE (city or town) (State or country)		23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?

Registraf

Accident, suicide, or homicide?_____ Where did Injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury

Ward

(Year)

Date of onset

attended deceased from

there an autopsy:

street and number)

town and State

_____ds.

24. Was disease or Injury In any way related to occupation of deceased: Il so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

		STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH	1402
:	L PLACE OF	DEATH				1400
	County Ca	xxall,			*Registration Dist_No.	74
	Village or Cit	y Rykesu	elle		No pering feels Nele None	Relaward
	Length of reside	ence in city or town where	death occurred	9 yrs 3 mos	death occurred in a horpital or institution, give its NAME instead of street on ds. How long in U.S. if of foreign birth?	d number)
	2. FULL NAM	/) .	. Re	11/1/11	P.C.	11103
	(a) Residence		14 11	1. T. Al-	St. Ward Respective	201
e cons			" (Usual place		If nonresident give city or town as	nd State
-		AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
\$	Lecuse	4. COLOR OR RACE	OR DIVORCE	RIFD, WIDOWED, D'(write the word)	21. DATE OF DEATH Lettery 2/ (Month) (Day)	., 193 4 (Year)
Sa.	If married, widowed HUSBAND of	d, or divorced	,			
	(or) WIFE of				1 HEREBY CERTIFY, That I attended	d deceased from
6.	DATE OF BIRTH (m	onth, day, and year)	el. 14.	1866	I last saw here alive on Feb. 20 192	4 death is said
7.	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 2 45 Am.	
	1 60		7	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	I Data stand
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.					Date of onset
ATI	9 Industry or bu	isiness in which	a de	4	Latar kneumania	
OCCUPATION	work was d	was done, as SILK MILL, MILL, BANK, etc			asar pulluneaux	2-11-94
000	10. Date deceased		11. Total ti sper occu	ime (years) nt in this spation		
12	BIRTHPLACE (city	or town Ball	emine		Other Coutributory Causes of importance:	
-	(State or countr		and.			
ER	13. NAME BLA	cured &	Rear	une/		
FATHER	14. BIRTHPLACE (city or town)	huran		Name of operation Date of_	
	(State or co	0 0	rang		What test confirmed diegnosis? Was there an	autopsy?
MOTHER	15. MAIDEN NAMI	elizabe	lh he	epe.	23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
MOT	16. BIRTHPLACE (c		upeur		Accident, suicide, or homicide? Date of injury	, 19
	(State of C	ountry) may	D.		Where did Injury occur? (Specify city or town, county and St	ate)
17.	(Address)	copelal	Cerca		Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18.	BURIAL, CREMATIO	N, OR REMOVAL	9	4.5	Manner of injury	
	Place Ga	hedru	Date Tel	, 23,193×	Nature of Injury	
19.	UNDERTAKER _	wm. Fo	not o	Z	24. Was disease or Injury in eny wey related to occupation of deceased?	
	(Address) 8	-11 17 W	, octo	22-	If so, specify	
20.	FILED FILE	21,1934 @	Harry	/veer	(Signed) Many M. Raca	M. D.
				Registrar.	(Address) Apparelle M	

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BUPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			4

state

STATE (OF MARYLAND-	CERTIFICATE OF DEATH	114
1. PLACE OF DEATH		82-0	
County Arrall			14
Village or City Aug Ban	melle	No pring July State Harry	eld
Langth of residence in city or town where	death occurred 7 yrs 2 mo	If death occurred in a hospital of Institution, give its NAME instead of street an	d uumbe
2. FULL NAME ELLA.	Carino. Ca	40 4-1	
(a) Residence: No.		St., Ward. Washington A	K (
	(Usual place of abode)	If nonresident give city or town a	nd State
PERSONAL AND STATIST 3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH	
/ A STORY OF MINES	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
Sa. If married, widowad, or divorcad	luedseard	(Month) (Day)	, 193
HUSBAND of (or) WIFE of	1 11000	22. I HEREBY CERTIFY That I attende	d decea
(way at pr	1 colora	Jeh. 13, 194, to Jeh. 1	5
6. DATE OF BIRTH (month, day, and year)	(upress) 1847	I last saw half alive on All 15, 192	⊈ ; dea
AGE Years Months	Days If LESS than I day,hrs.	to have occurred on the date stated above, at 3.4.54m.	
2	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Dat
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Eserciales		
9. Industry or business in which	**	Perebeal Daniel	
work was done, as SILK MILL, SAW MILL, BANK, etc	Here -	The state of the s	6
this occupation (month and year)	11. Total time (years) spent in this occupation		
13 10	•	Other Contributory Causea of importance:	
(State or country)	eura la ud	-	
1	Deilik!		
13. NAME Leave 14. BIRTHPLACE (city or town)	ukere	Name of operation	
(State or country)	upuem.	What test confirmed diagnosis? Was there an	autone
15. MAIDEN NAME Elajabe	eh Reikh	23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)	ulauran	Accident, suicide, or homicida? Data of injury	
(Stata or country)	ekugan.	Whare did injury occur?	
17. INFORMANT As hetal (Address)	leady	(Specify city or town, county and St Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	0 11 0	Manner of injury	
Place South NC	2. Date Tuly 10, 19 39	Nature of injury	
19. UNDERTAKER WCG	untilo	24. Was disease or injury in any way related to occupation of daceased?	
(Address) J Gora Plant	2 28 mars 47	If an appeality	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

That I attended deceased from

---- Was there an autopsy?-----

Date of onset

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance Other contributory causes of importance: Gallstones May 1,1923 1 year

ATATATATATAT	CIDACITA	TACE	TATE OF STREET TARREST	CORD A PROTESTATION	T) 37	TATESTOT OF A S
AIMILLIANAL	SPALE	PULL	FURTHER	STATEMENTS	KY	PHYSILIAN
	OF TROPS	T OTO	T CAGT TYTHE	O T T T T T T T T T T T T T T T T T T T	A 1	THE POTOTATE

V. S. No. 1 N. B.

should state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH U1405
1. PLACE OF DEATH	107-71
County Carroll	Registration Dist. No.
- Village or City Mt.Airy	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Martha Jane Crouse	
(a) Residence: No. Mt.Airy, Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) White Married	21. DATE OF DEATH February - 10 - 1934 (Month) (Day) (Year)
5a. If married, widowed, or divorced ***HUSBANS of (or) WIFE of Walter E.Crouse	22. 1 HEREBY CERTIFY, That I attended deceased from 19 10 10 10 1934
6. DATE OF BIRTH (month, day, and year) 1856-12-7	Mast saw her alive on Feb 1934 death is said
7. AGE Years Months Days If LESS than	to liave occurred on the date stated above, at8: 15m m.
77 2 3 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
NOTE Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Complications due, to oped any Deute Rephilis Broughs Premmonia 2-9
12. BirthPLACE (city or town) Garroll Co., (State or country) Maryland	Other Contributory Causes of importance: Criticis Selections
	Deural Debilet.
13. NAME William Farver 14. BIRTHPLACE (city or town) Carroll Co., (State or country) Marvland	Name of operation 2000 Date of Date of What test confirmed diagnosis? Lysical free days an autopsy? 200
5. MAIDEN NAME Martha Jenkins	23. If death was due to external causes (VIOL ENCE) all In also the following:
16. BIRTHPLACE (city or town) Carroll Co., (State or country) Maryland	Accident, suicide, or homicide?
17.INFORMANT E.G. Butler, (Address) Mt. Airy, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Ratne Grove Cemty DateFeby. 1311, 1934	Manner of injury
19. UNDERTAKER L. M. Half. (Address) Hulfield mig.	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Feb 12 1934 M D Duyder	(Signed) C. M. Van Vaale M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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Example I	Example II		
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WIDE AT			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

		STA	TE O	F MAR'	YLAND-	CERTIFICATE OF DEATH	1406
1	. PLACE OF	DEATH		Mary		OT OUT TO SEE THE OTHER PROPERTY OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OF	1400
	County_Cal	roll			Coror	ed Branch (25) Registration Dist. No. 74	
	Village or City	Henry	ton,	Marylan	d.	No. (above) St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
					yrs1mos.	death occurred in a norpital or institution, give its IVAIVIE instead of street and 1.14 ds. How long in U.S. if of foreign birth?	osds.
2	. FULL NAM	E Jam	les K.	Dunham			
	(a) Residence	: No. 161	0 Har	(Usual place	., Balto	• 9 Styld • Ward. If nonresident give city or town and	State
	PERSONA	L AND S	TATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. 5	Male	color or		5. SINGLE, MARI OR DIVORCED Singl	RIED, WIDOWED, D (write the word) . C	21. DATE OF DEATH Feb., 18, 1934 (Month) (Day)	, 193 (Year)
5a.	If married, widowed HUSBAND of (or) WIFE of	, or divorced				22. HEREBY CERTIFY, Thet lettended Jan., 4, 1938, 19 to Feb., 18	
6.	DATE OF BIRTH (m)	bout 0	year) No	v., 7,	1892	I last saw h im alive on Feb., 18, 193419	
7.	AGE Years		Months	Days	If LESS than	to have occurred on the date stated above, at 4.45 P.M.	
	41		3	15	ormin.	were es follows:	Date of onset
Z	8. Trede, professi	on, or particul	ar PINNER.	Janito	. 70	Pulmonary Tuberculosis	
OCCUPATION	SAWYER, B	ODKKEEPER,	etc	Janito	1	-	Sept.
UPA	work was d	one, as SILK BANK, etc	MILL,	Unknow	m		1925
220	Do Date deserred	last worked o		11. Total ti	ime (years)		**************************************
_	year)	tion (month an	Unkno	WIL OCOL	nt in thenknow	Dther Contributory Causes of importance:	
12.	BIRTHPLACE (city	or town)	Board	man		Differ Continuory Causes of Importance.	
	(State or countr			Caroli			
ER	13. NAME		Rober	tnDunha	am		
FATHER	14. BIRTHPLACE (city or town)_	Unkno	wn	<u>A</u>	Name of operation Date of	0
_	(State or co	ountry)		n Co. N		What test confirmed diegnosis? Was there an	eulopsy? 120
MOTHER	15. MAIDEN NAM	E		ty Burr	ns	23. If death was due to external causes (VIOLENCE) fill in also the followin	g:
07	16. BIRTHPLACE (city or town).	Unkno			Accident, suicide, or homicide? Date of injury	, 19
Σ	(State or c	ountry)	Colum	ibus Co.	N.C.	Where did injury occur?(Specify city or town, county and Sta	ite)
17		John H Henry		Meill.,	M.D.	Specify whether injury occurred in INDÚSTRÝ, in HOME, or In PÚBLIC Pl	ACE.
18	BURIAL, CREMATIC			of	/	Menner of injury	
	Place ##	gal	vary	Date C	V-21,1904	- Nature of injury	77
19	. UNDERTAKEB	Tamel.	girt	Mase	Your	24. Was disease or injury in any way related to occupation of deceased?	100
13	(Address)	688	M.Z	filmet	7	If so, specify	/
20	FILED 2/18	/3419	She	ulco	neice,	(Signed)	elliM.D,
-			Denu	TY TOCA	Registrar.	(Address)	1 -18-

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	en appropria	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Burkeat V. Selle				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH WITHIN OF	93
County Con L	Registration Dist. No. 26
Vittage or City It est musty	No. 16 Milton 232. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	
2. FULL NAME It illiam It. Edward.	
(a) Residence: No. 16 milton (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Musle Hate 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 193 + (Month)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE at Magria M. Ecles d.	22. Alexand HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month), dey, and year) / 852 - 11 - 6	I lest sew horse alive on fel 26 1984; deeth is said
7. AGE Yeers Months Deys If LESS than	to have occurred on the dete stated above, et 7:30 Gim.
81 3 14 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Frade, profession, or perticular kind of work done, as SPINNER. Farmer (active) SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et this accupation (month and	Organia theut allus
9. Industry or business in which work wes done, as SILK MILL.	
work wes done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Oate decessed last worked et this occupetion (month end spart in this occupation occupation	
12. BIRTHPLACE (city or town) Larroll les.	Other Contributory Causes of Importance:
(Stete or country) Manyland.	
I 3. NAME Just Cottand.	
13. NAME Jesse Cakard. 14. BIRTHPLACE (city or town) Larroll lev. (State or country) Manufland.	Neme of operation Dete of
(diale of country)	Whet test confirmed diagnosis? Was there an autopsy?
H A A A	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Carrott Lan. (Stete or country) Mary land.	Accident, suicide, or homicide? Dete of Injury, 19
17. INFORMANT Mrs. Myrica H. Ecfard (Address) 16 milton ava, Westernester	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Placed inganous contypate teby = 7 2 2193 +	Neture of Injury
19. UNDERTAKER Co. M. Mads: (Address) Kingseld and	24. Wes disease or injury in any wey releted to occupation of deceased?
20. FILEO 2-2/, 19 24 Con Registrar.	(Signed) Ohney Stewart M. D. (Address) Hestimate Ill
	2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	}	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago	
BUREAU Y. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

V. S. No. 1 N. B.

			OF MAR	YLAND—	CERTIFICATE OF DEATH 0140	18
1.	PLACE OF				107.0	0
County Carroll					Registration Dist. No.	5
	Village or Oity	Sams Cree	ek, I	R.F.DNe	W. Whondsor, I death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
	Length of residen	ce in city or town where	death occurred	13. yrs. 10. mos	ds. How long in U.S. if of foreign birth?yrsmgs	ds.
2.	FULL NAME	Rachael	L.Far	ver,		
	(a) Residence:	No. Sa	ams Cre	ek.Md.	St., Ward.	
	DEBCONAL		(Usual place	e of abode)	If nonresident give city or town and State	5
3. SE		COLOR OR RACE		RRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	1,12
I	Temale	White	OR DIVORCE	ed (write the word)	February - 2 - 193	(Year)
	married, widowed, HUSBAND of (or) WIFE of J	or divorced Ohn T. Far	rver		22. I HEREBY CERTIFY, That I attended decar	ased from
6. DA	TE OF BIRTH (mor	ith, day, and year) 180	60-5-9		1 -401 - 301	ath is said
7. AG	E Years	Months	Days	If LESS than	to have occurred on the data stated abova, at 5:10p.m.	
- 2	73	8	21	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	te of onset
5	8. Trada, profession kind of work	or particular done, as SPINNER,	Housewi	fo	D	
N N	9. Industry or busi	ORRELFER, alt	nousewi	T &	Brouchs Pueunona Ja	w 26-
OCCUPATION 7- N	work was do	na, as SILK MILL.				
20 7	O. Data deceased la this occupation year)	on (month and	sp:	time (years) ent in this upation		
12. B	RTHPLACE (city or (Stata or country)				Other Contributory Causes of importance:	
וא	3. NAME	Thomas Ri	chardso	n		
TAIMER	4. BIRTHPLACE (cit (Stata or cou	y or town) Car ntry) Mar	roll Co yland	4-9	Name of operation Date of What test confirmed diagnosis?	we this
1	5. MAIDEN NAME	Violet	Shiple	У	23. If death was due to external causes (VIOLENCE) fill in also the following:	3) [K
1	6. BIRTHPLACE (cit (State or cou		roll Co		Accident, suicide, or homicide? Date of injury, Where did injury occur?	19
17. IN	FORMANT	John T.Fa: DNew Wi	rver,	d.	(Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BI	BURIAL, CREMATION, OR REMOVAL			1	Mannar of injury	
	Place El Dene	zer Cemty	DateP'G	b.=5=,1934.	Nature of Injury	
19. UI	(Address)	6. m. May			24. Was diseasa or injury in any way related to occupation of deceesed? No	
20. FI	LED 2-4-	, 19.3.4	E.M. 3	Farrer Registrar.	(Signed) As Shared Thy.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	e de la company	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PRINCE NO.	1,"		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

1. PLACE OF DEATH	F MARYLAND	CERTIFICATE OF DEATH U1409	
County Carrell		Registration Dist. No.	
Village or City		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ward
2. FULL NAME Barks (a) Residence: No.	(Usual place of abode)	St., Ward Washington & C	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	-
a opu	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 4 . 2 9 . 193 . (Ye. (Month) (Day) (Ye.	ar)
6. DATE OF BIRTH (month, dey, and year) Use 7. AGE Years Months	Leus (1858 Days If LESS than I day,hrs. ormin.	1 HEREBY CERTIFY. That I attended deceased 19 4 to A 2 19 19 19 19 19 19 19 19 19 19 19 19 19	S 4
8. Trade, profassion, or perticular kind of work done, es SPINNER, SAWYER, BOUKKEPER, etc	11. Total time (yeers) spent in this occupation	Autestical Okotrustin 2-2	2.84
12. BIRTHPLACE (city or town) Alexander (State or country)	eus an.	Other Centributory Causes of importance:	Ann 0
13. NAME Tales 7, 7 14. BIRTHPLACE (city or town). (State or country)	isler.	Name of operation	7.29
15. MAIDEN NAME Christia 16. BIRTHPLACE (city or town) (State or country)	n Veusel	Whet test confirmed diagnosis? Was there en eutopsy? 23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Date of injury, 19	
17. INFORMANT New Seital (Address) New Besser	leade	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Coshing on D.	Date \$16 27 , 1934	Manner of injury	
19. UNDERTAKER /	best Co.	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED Leb. 27, 1934 CH	Registrar.	(Signed) Maris M. Vers (Address) Represently Md	. M. D.
If more bla	nks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	410
1. PLACE OF DEATH	(82°a)	, ,
County Carrale		74
Village or City Superscelle	Nox young feeled State House	Mard
Length of residence in city or town where deeth occurred/yrs2mos	f death occurred in a horpital of institution, give its NAME instead of street and ns. How long in 0.5. If of foreign birth? yrs. mo	
2. FULL NAME CARdelia P. H.	ruer s. (na)	3
(a) Residence: No.	St. Ward A chestataen	111
(Usual place of abode)	If nonyesident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	.,
flurale while married	(Month) (Day)	(Year)
Ba. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended of	
Colonie of Newry Charact Varaer	aper 28 1922 to Feb.	19 34
6. DATE OF BIRTH (month, day, end year) May 1, 1879 6.	I lest saw hele alive on Fels 10, 1934	death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.30 Lm.	,
57 9 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:	
8. Trade, profession, or particular kind of work done, es SPINNER		Date of onset
SAWYER, BOOKKEEPER, etc	A	
kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (work) this securation (month end)	Cerebral Generalias	2-1-3
10. Date deceased lest worked at this occupation (month end spent in this		
year) occupetion		
12. BIRTHPLACE (city or town) llessousille	Other Contributory Causes of importance:	
(State or country) May land	arterioscherosis	
14. BIRTHPLACE (city or town) Lukerana		
14. BIRTHPLACE (city or town) leckers -	Name of operation Date of	
(State of country) marinare	What test confirmed diagnosis? Was there en eu	topsy?_ZZO
15. MAIDEN NAME Carephics Asig	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country) Mangland	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT Appelal Reside	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAN	ĆE.
18. BORIAL, CREMATION, OF REMOVAL	Managerette	
Turoganore Cew Date Feb. 14, 1034	Manner of Injury	
ON Whate		
19. UNDERTAKER (Address) Huffeld Mid	24. Was disease or injury in eny way releted to occupation of deceased?	
20 EUR LIB 11 1034 Charry Miles	(Signed) Mary M. Verd	M
20. FILED 1	(Address) Ruperwill Ma	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01411
1. PLACE OF DEATH	01111
County Caprul	Registration Dist. No. 77
Village or City Suydersburg	NDSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Saumel Giver	n .
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Thale white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) So the service of the service o	21. DATE OF DEATH 2 25 , 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (ar) WHE of Auril M. Lirvin	22. I HEREBY CERTIFY, That I attended deceased from 7. 4. 24th, 1934, to 7. 1. 25th, 1934
6. DATE OF BIRTH (month, day, and year) Sefst 1 - 1857	I last saw han alive on Leb 26th, 19 3 4; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$ 30 Pcm.
76 5- 24 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
Trade, profession, or particular kind of work done, as SPINNER, Harwest SAWYER, BDDKKEEPER, etc.	Cerebral Humarhay 4/2018
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date dacaased last worked et Market SIL Total time (years)	P
Dip. Date dacaased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Way land	Other Contributory Causes of Importance:
13. NAME Debut Hrvin 14. BIRTHPLACE (city or town) (State or couptry)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME atterine Mayiffin	23. If death was due to external causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Mus Samuel Griving (Address) Hampstend Ind	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Pholingdenburg pledosta at 20, 1934	Nature of injury
19. UNDERTAKER Ede Chipton (Address) Hausball Mark	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Feb. 26, 1934 John S. Hughes Jr	(Signed) SMResh M.D.
Registral.	(Address) Hompoliced his
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

of OCCUPA.

1. PLACE OF DEATH	OEKMIONIE OF BEAM UIGIE
County Parroll	Registration Dist. No. 7571
Village or City Lyron	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lecil V. Glas	4
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH February 17, (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
alla Guita	, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) Waw. 20-1897	I last saw h; death Is said
7. AGE Years Months Days If LESS'than	to have occurred on the date stated above, at
36 3 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER.	Internal hemmmorhages:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	shot Abrough the heart. Homicidal.
work was done, as SILK MILL, SAW MILL, BANK, etc	· · · · · · · · · · · · · · · · · · ·
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation (caupation)	
12. BIRTHPLACE (city or town) Lee Co.	Other Contributory Causes of importence: Gun shot, commonly called
(State or country) Unginia	pistol wounds. Murder Cut
14. BIRTHPLACE (city or town) Lee Co	
14. BIRTHPLACE (city or town) Lee Co.	Name of operation
(State of country) Ua.	What test confirmed diagnosis hot through the tour was there an au'opsy?
15. MAIDEN NAME Dereptia Orlando.	23. If death was due to external causes (VIOLENCE) fill in also tha following:
5 16. BIRTHPLACE (city or town) . A-ee , Co	Accident, suicide, or homicide? Roman Date of injury Feb. 17, 19
() Colore of Country)	Where did injury occur? TYPONE, Carroll County (Specify city or town, county and State)
17. INFORMANT William to Flore. (Address) Emuloting und	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public highway. County roads
18. BURIAL, CREMATION, OR REMOVAL	Endinhed Signaly Inquest pending Sun shots.
Place ! Cyarrelle Date 1, 19 7	Nature of injury Shot the heart, Home eiglal.
19. UNDERTAKER 4. J. Shuff J. (Address) Employee	24. Was disease or injury in any way related to occupation of deceased? NO •
2/16 31 811 - 3	If so, specify Corone
20. FILED 19 Refisivar.	(Signed) Westminster, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BOREAU VAS.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital of institution, give its NAME instead of street and number) Length of residence in city or town where death occurred... vrs. J mos. / ds. How long in U. S. of foreign birth? If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) CERTIFY. Thet I attended deceased from If LESS then to heve occurred on the date stated above, ata 1 dey,____hrs. The PRINCIPAL CAUSE OF DEATH end related ceuses of importence or___min. Date of onset 11. Totel time (yeers) spent in this occupation _ Name of operation What test confirmed diegnosis?_____ Wes there en eutopsy?_ 23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?_______ Date of injury_______, 19. Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury. 24. Wes diseese or injury in eny wey releted to occupation of deceesed? If so, specify Registrar. (Address) __ 4 If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I	l l	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927		3 days ago
3000			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	mug1,10x0	Charles Posterited	1 geur

4	
26 26	

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
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111111

1. PL	ACE OF DEAT	Н			(141)
Co	unty Carr	oll			Registration Dist. No. 74
	llage or City_Syk			11)	Stoate Hospital death occurred in a hospital or institution, give its NAME instead of street and number) 8 ds. How long in U.S. if of foreign birth?
	LL NAME				· 60.
		_			ot sage Ciwert., Md. If nonresident give city or town and State
September 1	ERSONAL AND				MEDICAL CERTIFICATE OF DEATH
3. SEX		OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word) Wed	21. DATE OF DEATH February 28, 193 4 (Month) (Day) (Year)
5a. If mari HUSE	ried, widowed, or divorce BAND of WIFE of	unknov	m		22. I HEREBY CERTIFY, That I attended deceased from May 20, 1933, to February 28, 1934
6. DATE O	OF BIRTH (month, day,	and year)	June 6.	1847	I last saw h. er alive on February 28, 1934; death is said
7. AGE	Years 86	Months 8	0ays	If LESS than 1 day,his.	to have occurred on the date stated above, at 4 . P m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NO S. TI	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Housewife				Cerebral Arteriosclerosis Date of one of
OCCUPATION B	ndustry or business in work was done, as SI SAW MILL, BANK, etc.	which			
00 10 D	10 Date deceased last worked at this occupation (month and year)			nt in this	
	IPLACE (city or town)	Wai	renton, Virgin		Dther Contributory Causes of Importance: Cerebral Thrombosis 2/28/34
13. N	AME CI	harles	Martin		
14. BI	IRTHPLACE (city or tow (State or country)		irginia	P - + + + + + + + + + + + + + + + + + +	Name of operation Oate of What test confirmed diagnosis? Autopsy Was there an au'opsy? Yes
뜨 15. M	AIDEN NAME		zabeth A	nderson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. M	IRTHPLACE (city or tow (State or country)	n)	Virgini	a	Accident, suicide, or homicide?
17. INFOR	MANT Sprin	gfield Sykesy	State F	losp.reco	(Specify city or town, county and State) Angelify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIA	L, CREMATION, OR RE	MÖVAD. C	- Oate M	W.Z., 1934	Manner of injury
19. UNOE	RTAKER A. Address)	Chan	shew &	00.	24. Was disease or Injury In any way related to occupation of deceased? NQ
20. FILED.	Jeb. 28, 10	34 CA	(suy)	Veev Registrar.	(Signed) No. J. Baer, M.D. (Address) Sykesville, Mod.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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kample II	
eath and related causes llows:	Date of onset
	1 week ago
	1 week ago
	3 days ago
s of importance:	
	1 year
	s of importance:

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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certificate.

of

See instructions on back

important.

TION is CAUSE

B

19. UNDERTAKER

state

OCCUPAplnods

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	. PLACE OF DEATH	(131)
	County Carroll Village or City Sypheswelle Length of residence in city or town where death occurred 18 yrs, 7 mos.	Registration Dist. N No. Opromaphela Stati Hospital death occurred in a bisobital or institution, give its NAME instead 23 ds. How long in U.S. if of foreign birth? 5 by
2	. FULL NAME William Jones (William	martin Hart) R.N.
	(a) Residence: No. Bullimore Md. (Usual place of abode)	St., Ward. Baltimon M
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
3. 5	Hale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Townary 13
6. 1	DATE OF BIRTH (month, day, and year) Ungust 10 3 1862	1 HEREBY CERTIFY The fully 26 19/5 to taken less saw h were alive on full way 12/4
	AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
OCCUPATION	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and 1914 spent in this year)	Misuc rapinus
12.	BIRTHPLACE (city or town) Luknown (State or country) Angland.	Other Contributory Causes of importance: Bronchopneumoma
FATHER	13. NAME Charles Hart 14. BIRTHPLACE (city or town) unknown (State or country) England	Name of operation. None What test confirmed diagnosis?
MOTHER	15. MAIDEN NAME Elizabeth Tharon 16. BIRTHPLACE (city or town) Lukuown (State or country) England.	23. If death was due to external causes (VIOL ENCE) fill in also Accident, suicide, or homicida? Date of it Where did injury occur?
	INFORMANT Afringfield Plate Hospital (Records) (Address) BURIAL, CREMATION, OR REMOVAL	Specify whether injury occurred in INDUSTRY, in HOME, or I
	·	Manner of injury

01416

Registration Dist. No. 74	_
No Ohrmaheld State Hospital St	Ward
death occurred in a physical or institution, give its NAME instead of street and 2.3 ds. How long in U.S. if of foreign birth? 5 o yrs. broken	number)
	iosds.
martin Hart) - R.N.	
St., Ward. Baltimon Md If nonresident give city or town and	l State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH Februare 13th	
Hornary 13 g (Month) (Day)	(Year)
22. I HEREBY CERTIFY. That I attended taly 26 1915 to takenary 13	deceasad from
July 26 1915, to tatruary 13	19.2.4
	; death is said
to have occurred on the date stated above, at	
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
General asteriosclerosci	Prionto
warran aroun scoresis	1938
Mitsal Regurgitation and	1928.
a Chrome Nephritis	1.1-0.
Other Contributory Causes of importance:	
Bronchopneumoma	-
- Sy Vicina juigovicovica	Feb. 10
, hone	1934
Name of operation Physical argue and laboratory frades	190 1 5
23. If death was due to external causes (VIOL ENCE) fill in also the following	
Accident, suicide, or homicida? Date of injury	, 19
Where did injury occur? (Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te)
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
Manner of injury	
Nature of injury	
24. Was disease or injury In any way related to occupation of deceased?	ho
Mary and Mary	
(Signed) John M. Morris	M. D.
(Address) (S.S.H) Dykesville, ma	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

Holler Ball Till III			

1. PLACE OF DEATH	OF MAR	ILAND	97/
County Carroll		20	Registration Dist. No. 82
Village or Gity Length of residence In city or town wh	ere deeth occurred.	F79	No. St., Ward feeth occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	elia Ann Noodbine, (Usualplace	Md.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATI	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White		RRIED, WIDOWED, D (write the word) O W	21. DATE OF DEATH February- 10 - 1954 (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of late Valen	tine Hart	man	1 HEREBY CERTIFY, That I attended deceased from 1934, to Let 10, 1934
6. DATE OF BIRTH (month, day, end year)	1840-1-24		Mast saw h walive on July 4, 1937, death is sai
7. AGE Years Months	Days 16	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, a7.; 50 - a, m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	11. Total 1	time (years) ent in this	Omplications due be old
	elerick C	Q	Other Contributory Causes of importance:
	C'		
14. BIRTHPLACE (city or town) Fr (State or country) Ma	ederick C ryland	0.,	Name of operation Date of Date of What test confirmed diagnosistence of the Was there an autopsy? M.
15. MAIOEN NAME Mary M	.Frazier,		23. If death was due to external causes (VIOLENCE) fill In also the following:
	rederick aryland	Co.,	Accident, suicide, or homicide?
17. INFORMANT Mrs. Olive (Address) Woodbir	r Chaney, ne, Md.		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PLACE OPLAR Spring		Feb131934	Manner of injury
19. UNDERTAKER 6. M. Hull (Address) Thirdiele 20. FILEO FILE 12, 1934		cycles Registrar.	24. Wes disease or Injury in any way related to occupation of deceased? No If so, specify (Signed) (Address) (Address)
If n	nore blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	July 5,1927	Peritonitis	3 doys ogo
/ PARENC			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		0	1

V. S. No. 1

1	County Carrol	т н 1	Maryl	and Tube	CERTIFICATE OF DEATH reulosis Sanaatorium Branch 23 Registration Dist. No. 74	418
2	Village or City He Length of residence in cit FULL NAME V	y or town where de	Lee Ho	ward	No. (above) St., f death occurred in a hospital or institution, give its NAME instead of street and n ds How long in U.S. if of foreign birth?	
	(a) Residence: No. 2	410 Mad	ison Av (Usualplace		O. St., Md. Ward. If nonresident give city or town and	State
1	PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. S		or RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Feb., 14, 1934 (Month) (Day)	, 193 (Year)
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of	rced			22. I HEREBY CERTIFY, That I attended to Dec., 15, 1933, to Feb., 14, 1	
	DATE OF BIRTH (month, day		1		13-1- 34 3044	; death is said
7. /	The second second	Months	Days	If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
NO	Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	as SPINNER,	Domest	ormin.	Pulmonary Tuberculosis	Date of onset
OCCUPATION	9. Industry or business in work was done, as SAW MILL, BANK, 6 10 Date deceased last wor this occupation (molygar)	which ILK MILL, itc	Unknow		w n	0et. 1933
12.	BIRTHPLACE (city or town) (State or country)	Balti Maryl			Other Contributory Causes of importance:	
ER	13. NAME		B. Howa	rd		
FATHER	14. BIRTHPLACE (city or to (State or country)	wn) Stant Virgi	on nia		Name of operation Date of What test confirmed diagnosis? Was there an a	7.
MOTHER	15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)			D	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL/	:, 19
-	(Address) Henry BURIAL, CREMATION OR F	ton, Md		1-16,1934	Manner of injury	
19.	UNDERTAKER M. (Addiess)	Election of the second	1 Hosp	land	24. Was disease or injury in any way related to occupation of deceased?	no.
20.	FILED 2/14/34	19 Depu	ty Loca	Mell. Registrar.	(Signed) Onu (1) Charles (Address) Oftenaylon	, rest

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B

should state

S	TATE C			CERTIFICATE OF DEATH	440
1. PLACE OF DEA		Mai		berculosis Sanatorium ()]	413
County Carro	11		COTO	red Branch 29 Registration Dist. No. 74	
Village or City He	nryton,	Md.		No. (above) St.,	War
Length of residence in c	ity or town where o	death occurred	2 vrs. 3 mos	death occurred in a horpital or institution, give its NAME instead of street and 19 ds. How long in U.S. if of foreign birth?	number) osd:
	Harry Ja				
			St. Balt	O. St., Md. Ward.	
(a) Residence. No	- 7-7	(Usual place		If nonresident give city or town and	State
PERSONAL AN	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	lored	5. SINGLE, MAR OR DIVORCE Sing.	RIED, WIDOWED, D (write the word) LE	21. DATE OF DEATH Feb., 13, 1934 (Month)	, 193
5a. If married, widowed, or div HUSBAND of	orced			22. I HEREBY CERTIFY, That I attended	daysaard for
(or) WIFE of			THE LEGISLAND OF THE	Oct., 25, 1931, bFeb., 13,	
6. DATE OF BIRTH (month, da	y, and year) Fe	b. 17.	1896	last saw h im alive on Feb., 13, 1934	; death is sa
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 2 . 25 Pm. M.	
37	il	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
R. Trade, profession, or p kind of work done SAWYER, BOOKKE	articular , as SPINNER.	Labore	n	Pulmonary Tuberculosis	
kind of work done SAWYER, BOOKKE 9. Tadustry or business i work was done, as SAW MILL, BANK, 10. Date deceased last wo		Labore			
work was done, as SAW MILL, BANK,	SILK MILL,	Unknow	n		Sept
10. Date deceased last wo this occupation (mo year)	onth and Unkn	11. Total t	ime (years) nt in thunknow pation		1931
12. BIRTHPLACE (city or town) (State or country)	Unkn Virg			Other Contributory Canses of Importance:	-
13. NAME	Loui	s Jacks	on		
13. NAME 14. BIRTHPLACE (city or t (State or country)	own) Unkn			Name of operation Date of What test confirmed diagnosis? O Was there an	7,
15. MAIDEN NAME	Anni	e Winst	on	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME 16. BIRTHPLACE (city or to	own) Unkn			Accident, suicide, or homicide? Date of injury	
(State or country)	Virg	inia		Where did injury occur?	
	E. O'Ne	ill, M.	D.	(Specify city or town, county and Stan Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
17. INFORMANT John (Address) Henry	ton, Md				
(Address) Henry 18. Burial, Cremation, Or	ton, Md	0 01.	/- N/	Manner of injury	
(Address) Henry	ton, Md	Leate 2/1	5 ,1934	Manner of injury	7
18. BURIAL, CREMATION, OR	ton, Md	0 01.	5 ,1034 The Sx		ho.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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S	Z	N3	-
ARGIN RESE	rh	mation should be carefully supplied. AGE sho	CAUSE OF DEATH in plain terms, so that it r
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G	A	ed	W.
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603	N. BWRITE PLAINLY, WITH UNFADING INK.	1	-
V. S. No. 1	Z	(
		1	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 014	120
1. PLACE OF DEATH	[10]	
County Carrell	Registration Dist. No.	et.
Village or City Reparelle	No Species Rell State Know	Le Marie
Length of residence In Lifty of town where death occurred 2 yrs 2 mos	f death occurred in a horpital of institution, give its NAME instead of street and in s	umber)
2. FULL NAME A Telahine // C	to the state of th	sds.
	ener 17	
(a) Residence: No. Of Called Care (Usual place of abode)	St., Ward. If nonresident give city or town and s	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 9 4 (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of (Leekeeras) Keener	1 HEREBY CERTIFY, Thet I ettended d	leceased from
6. DATE OF BIRTH (month, day, and year) Luly 24, 1861	I last saw h le alive on Fal. 20, 1934	death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
1 / A 6 A 3 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Note that the state of the stat		
Industry or business in which	Zalan (Parameter)	0 .00
work was done, as SILK MILL, SAW MILL, BANK, etc	The standards	1-1-6-9
4D: Date deceased last worked at this occupation (month and spent in this occupation coupation occupation		
12. BIRTHPLACE (city or town). Ballewise	Dther Coutributory Causes of Importance:	
(State or country) Mary Laved		
13. NAME Leave Napueisler		
13. NAME Leave Nagnetales 14. BIRTHPLACE (city or town) Lubus	Name of operation	
(State or country)	What test confirmed diagnosis? Was there an au	topsy?
15. MAIDEN NAME Parbaca Waldages 16. BIRTHPLACE (city or town) Reluciones	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town). Lallenge	Accident, suicide, or homicide? Date of Injury	, 19
(State or country) May land	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT And Geld lecaled (Address) Selkenaeli Mil	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	CE.
18. BURIAL, CREMATION OF REMOVAL Place Balto Censt. Dete Feb 24, 1934	Manner of injury	~
19. UNDERTAKER JEO. W. Ettle	Nature of Injury 24. Was disease or injury in eny wey related to occupation of deceased?	
(Address) 2700 Edmondson ace	If so, specify	
20. FILED Th. 21, 1934 Offacy Press Registrar.	(Signed) Read M. Communication (Address) Reposable Made	м. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	-

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
INVESTIVES.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 Ġ

20. FILED 2/28/34, 19

should state

STATE OF MARYLAND— 1. PLACE OF DEATH Maryland Tul	CERTIFICATE OF DEATH 01421
Color	red Branch 23 Registration Dist. No. 74
County Carroll	noblement not not not not not not not not not n
Village or City Henryton, Md.	No. (above)st., Ward
Length of residence in city or town where death occurred O_yrs 1 _mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Anna May Krikland	
(a) Residence: No. 1325 N. Mount St., Balto	O . 6t Md . Ward.
(a) Residence: No. 1020 No. Mouth of St. (Usual place of abode)	If nonresident give city or town and State .
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH Feb., 28, 1934 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Jan., 5, 1934 19 to Feb., 28, 1934
6. DATE OF BIRTH (month, day, end year) June 18, 1925	last saw her alive on Feb., 28, 1934, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.00 m. Noon.
8 10 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanco
8 Trade profession or particular	Pulmonary Tuberculosis Date of onset
kind of work done, as SPINNER, SCHOLAR SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and Name spant in this Name spant in	
9. Industry or business in which work was done, as SILK MILL.	July
SAW MILL, BANK, etc. None	1933
year) to oc.opation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland	
McKinley Kirkland	
13. NAME MCKINIEY KIRKIANG 14. BIRTHPLACE (city or town) Lansdowne	Name of operation O Date of O
[4. BIRTHPLACE (city or town) Lambdown (State or country) Maryland	What test confirmed diagnosis? Was there en autopsy?//
15. MAIDEN NAME Grave Hall	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Grave Hall 16. BIRTHPLACE (city or town) Lansdowne (State or country) Maryland	Accident, suicide, or homicide? Date of injury, 19
16. BIRTHPLACE (city or town) Lansdowne (State or country) Maryland	Where did injury occur?
17. INFORMANT John E. O'Neill., M. D. (Address) Henryton, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mil. Calving Date Man. 3, 1904	- Nature of injury
1 100/1 141	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER Cambi Migash V. Cam	24. Was disease of injury in any way related to occupation of deceased.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signed).

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

DEATH U1	122
gistration Dist. No	
St., / e its NAME instead of street and n i birth?	ward umber)
nonresident give city or town and	State
FICATE OF DEATH	A.
2 / (Day)	193 (Yyar)
RTIF That Pettended 1, to 5, 193, et 7, 20, m.	cceased from , 190
elated causes of importance	Date of onset
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Date of	
DLENCE) fill in also the following:	
Date of injury	
cify city or town, county and State TRY, in HOME, or in PUBLIC PLA	CE.
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ed to occupation of deceased?	
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Chronie interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	3		
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

ARGIN RESERVED

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balamore, Requesting V. S. No. 1.

Date of onset

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(93°C)	- 2 0
Registration Dist. No.	0
No. St., death occurred in a hospitalor institution, give its NAME instead of street an	
ds. How long in U.S. if of foreign birth? yrs. yrs.	.mosds.
St., Ward.	nd State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	./
(Month) (Day)	, 193 (Yeer)
22.   HEREBY CERTIFY, That I ettende	ed deceased from
, 19 to	, 19
1 last shire of in arrival, 19	; deeth is said
to have occurred on the date stated above, et 9.4	
The PRINCIPAL CAUSE OF DEATH and related causes importance were as follows:	Date of onset
04	Date of onset
Chrome myocardetis	
V	
Other Contributory Causes of Importence:	7 4 16
agute delatation of	701-16
heart	193
Name of operation Dete of	
What test confirmed diagnosis? Was there e	n eutopsy?
23. If deeth wes due to externel causes (VIOLENCE) fill in also the follow	ing:
Accident, suicide, or homicide? Dete of injury	, 19
Where did injury occur?	
(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	tate) PLACE.
Manner of injury	
Neture of injury	
24. Was disease or injury in eny way related to occupation of deceesed?_	seo

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

RESERVED

ARGIN

V. S. No. 1 N. B.—V

# STATE OF MARYLAND—CERTIFICATE OF DEATH UI

1. PLACE OF DEATH	100	
County Carroll	Registration Dist. No.	-
Village or City Pyklsville  Length of residence in city or town where death occurred yrs. 8 mos	No. Springfield State Arshital St., If death occurred in a hoppital or institution, give its NAME instead of street and nu s. 9 ds. How long in U.S. if of foreign birth? yrs. mos	
2. FULL NAME James Lauchrey	\$ 100 To	43.
(a) Residence: No. Mountain Lake Park In. (Usual place of abode)	d - St., Ward. Mountain Lake Park. If nonresident give city or town and S	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Male S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH  Libruary 25-4  (Month) (Day)	193 44 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHFE of Merrain Shank	January 4 1934 to Tubruary 25	eceased from
6. DATE OF BIRTH (month, day, and year) June 27th 1856	The state of the s	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.50 A.m.	death is said
77 7 29 1 day,hrs.		
8. Trade profession or particular		Date of onset
kind of work done, as SPINNER, Larmer SAWYER, BOOKKEEPER, etc.	(Ineumonia (Tobar)	teb. 122
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at a worked at this occupation (month and displacement).  11. Total time (years)		1934
10. Date deceased last worked at this occupation (month and Turkmorn spant in this occupation occupation		
12. BIRTHPLACE (city or town) Luknown	Other Contributory Canses of importance:	Theor to
(State or country) Mary land.	Arteriosclerosis	1933
13. NAME James Lanchrey		7-2
14. BIRTHPLACE (city or town) Lukurun	Name of operation. Name Date of	
(State of country) Phasyland	What test confirmed diagnosis? I was a signa and aymitoma Was there an au	opsy? hr
15. MAIDEN NAME France Treut.  16. BIRTHPLACE (city or town) Turknown  (State or country)	23. If death was duc to external causes (VIOL ENCE) fill In also the following:	
[ 16. BIRTHPLACE (city or town) Tunknown	Accident, suicide, or homicide? Date of injury	, 19
(State of Country) Marylana.	Where did injury occur?	
17. INFORMANT Amspela state Hospital (Records) (Address) Disherrelle. Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	DE.
18. BURIAL, CREMATION OR RENOVAL MADOLE FEB 35, 1834	Manner of injury	
19. UNDERTAKER Here voor Inc.	24. Was disease or injury in any way related to occupation of deceased?	w
(Address) Syphisville The.	If so, specify	
20. FILED Jeb. 25, 1934 Dodany Mass	(Signed) John h. Morris	M. D.

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Cerebral hemorrhage	July 5,1927		3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

01428

	03400
Registration Dist. No	77
tion, give its NAME instead of s	St., Ward
f foreign birth?yrs	mosds.
,	
If nonresident give city or	
ERTIFICATE OF DE	ATH
2 2 5 (Month) (Dey)	, 193 3/
(Month) (Dey)	(Yéar)
CERTIFY, That I	attended deceesed from
, 1934, to 7el 25	u 1934
2ch 25-th	10 2 24 doubt is said
d ebove, at 4 P. m.	13_ 4 ; death is seid
W and soluted saves of Imports	
H end related causes of Importa	Data of onsat
Ectoris	Fel 24
	1984
rtance:	
	Date of
for West	here an eutopsy?270
ses (VIOLENCE) fill in elso the	following
Date of injury	·, 19
(Specify city or town, county	and State)
(Specify city or town, county INDUSTRY, In HOME, or In PU	BLIC PLACE.
***************************************	
ou soloted to each the state	
ay releted to occupation of dece	esed?
W Real	<b>7</b>
u res	M. D.
ampstead	6

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BRIDDALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	Manual Company
Gallstones	May 1,1923	Gastroenteritis	1 year

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OF DEATH

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V. S. No. 1

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S	RECOR	. PHY	Exact st	
SERVED FOR BINDING	NK-THIS IS A PERMANENT RECORD. Every item of infor	should be stated EXACTLY. PHYSICIANS should state	it may be properly classified. Exact statement of OCCUPA	ď
FOR B	IS A PE	stated E	properly	n hack of certificate.
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RVE	(T-I	plno	may	hack
E	Z	U.	it	2

	STATE	OF MARYLAND-	CERTIFICATE OF DEA	TH
1. PLACE			<u> </u>	01429
County Village of	Carroll Bloom,-	-(R.F.D. Westmir	Registration	St., Ward
Length of r	asidence in city or town where		If death occurred in a hospital or institution, give its NAM.  s	
	AME Baby ence: No.	Mehus (Usuai place of abode)	St., Ward.	give city or town and State
PERSO	NAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
sex Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  **Eurory** (Month)	20 , 1934 (Day) (Year)
B. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIF	Y. That i attended deceased from	
DATE OF BIRTI	H (month, day, and year) ]	934-2-20	I last saw h alive on	, 19; death is said

Village GE Length of ras 2. FULL NA (a) Resider PERSON 3. SEX Male 5a. If married, widow HUSBAND of (or) WIFE of 6. DATE OF BIRTH 7. AGE Years Months Davs If LESS than to have occurred on the date stated above, at Z .... A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____ min. wera as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this year) _____ occupation_ 12. BIRTHPLACE (city or town) (Stata or country) Mehus Nils FATHER 13. NAME Name af operation. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ Was there en autopsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida? 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Natura of Injury_. 24. Wes disease or injury in eny way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
HUDEAU			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Carroll	Registration Dist. No. 77
Village or City Greenmaunt	No. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
1 6 C 1/1	os
2. FULL NAME Jahn A. Mill	21
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 7
male White Widawed	760 20 ,193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. 1 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Clara V. Miller	7 et 15 1934, to Feb 20 1934
6. DATE OF BIRTH (month, day, and year) May 2/=1869	I last saw h. im alive on Feb 20 , 1939; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 10 30 A.m.
69 8 29 1 day,hr	THE PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or particular	mitral dusufficience 1918
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and the control of the control o	
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and 1925 spent in this cocupetion	
ALBERTA A OR (Aller)	Other Cantributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	& arter 1930
13. NAME Genge P. Millen	
13. NAME George P. Frieller  14. BIRTHPLACE (city ordown)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Pluys excume Was there en autopsy? NO
15. MAIDEN NAME Catheriers Reenel	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Catturier Reeny 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or country) Penned.	Where did injury occur?
17. INFORMANT Mys. Luther Wents	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Gremount MI)  18. BURIAL CREMATION, OR REMOVAL	
Place Manchester Whote Fell 22 -193	Manner of injury
C. 1110 1.8	Nature of injury
19. UNDERTAKER JOEON Wayks Sawy	24. Was disease or Injury in any way related to occupation of deceased?
(Address) manefeeld may	1 (Signed) WRSterner M. D.
20. FILED Lett. 20, 1934 Jates f. Hughes	A. (Address) Manchester Znd

Af more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Run over by street ear Chronic interstitial nephritis 1921 1 weck ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastrocnteritis 1 year

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS BY PHYSICIA	N
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V. S. No. 1 N. B.— TION is very important. See instructions on back of certificate.

STATE O	F MARYLAND—	CERTIFICATE OF DEATH	11431
County arrale		Pagiotesting Diet No. 3	el.
Village or City Xu kesoe	74	Registration Dist. No.	1. + 10/2
		death occurred in a hospital of institution, give its NAME instead of street	nd number)
Length of residence In city or town where d	eath occurredyrs0mos	ds. How long in W.S. if of foreign birth?yrs	mosds.
2. FULL NAME Kalue	Dayne n	oste ,	2
(a) Residence: No.	(Usual place of abode)	St., Ward Market give city or Nown	and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH  (Month) (Day)	, 193 (Year)
15. If merried, widowed, or divorced HUSBAND of (or) WIFE of	_	22. 1 HEREBY CERTIFY. Thet I ettend	led deceased from
C DATE OF BIRTH (most)	11840	I last saw h LL alive on the	19. V.4 4-; death is said
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months	Days If LESS than	to heve occurred on the date stated above, at 7.45 Am.	t_7=; death is said
1 64	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance	
8. Trade, profession, or perticular	ormin.	were es follows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	auseroach	Laker Ruemania	1-8-3
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9, Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10, Data deceased lest worked et this occupation (month and	Karne -		
SAW MILL, BANK, etc			
this occupetion (month and yeer)	11. Totel tima (yeers) spent in this occupetion		
12. BIRTHPLACE (city or town) Win	checter	Other Custributury Causes of Importance:	
(State or country)	ginia		
13. NAME L. J. Mal	are		
13. NAME	kaons.	Neme of operation Dete o	f
(Steta or country)	sicia.	What test confirmed diagnosis? Was there	
15. MAIDEN NAME Mary A	ragoneer	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the follow	
15. MAIDEN NAME Mary No. 16. BIRTHPLACE (city or town)	edom 1	Accident, suicide, or homicide? Date of injury	-
(Steta or country) West	Virginia	Where did injury occur?	
17. INFORMANT Asspelal (Address) Separal	Relevas.	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18 BURIAL, CREMATION, OR REMOVAL	4/1/2/	Menner of injury	
Missochusell (a.	Dete 145 . 14 . , 1954	Nature of injury	
19. UNDERTAKER / Le as ou (Addregs) Syfkiopille	The.	24. Was diseesa or injury in any wey related to occupation of deceased?  If so, spacify	
20. FILED FLB : 12 , 19,34 G	Kongsteer Registrar.	(Signed) Mand M / Cera (Address) De Berwill Ma	, M. D.
If more b	lanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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1. PLACE OF DEATH

Date of onset

Febr 224

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Chronic interstitial nephritis			1 week ago
	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1928	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF DEATH		
County Coarrall	Registration Dist. No. 79		
Village or City / Sursaule)	No. St. Ward		
(1	If death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.  MANUAL		
(a) Residence: No. (Usual piece of abode)	t.) Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gorite the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)		
5a. If merried, widowed, or diverced HUBBAND of (or) WIFE of Wm D. 8 - May 100 Co. 100	22. I HEREBY CERTIFY. That I attended decessed from  10., 1934, to fel 4., 1934.		
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated ebove, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of enset		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decaased last worked at this occupation (month and year)  occupation  occupation	arterio-scleroses 1920		
12. BIRTHPLACE (city or town) (State (r jountry)	Other Contributory Causes of importance:  Mys cardial warfering fam		
# 13. NAME Damiel Stambanan			
13. NAME Dame Stamburg  14. BIRTHPLACE (city or town) (Stete or country)	Nama of operation Dete of What test confirmed diagnosis? Wes there an europsy?		
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?		
18. BURIAL, CREMATION, OR REMOVAL Place Place 7, 19 344	Manner of injury		
19. UNDERTAKER (Address) anlysom	24. Was disease or Injury In any way related to occupation of deceased?		
20. FILED Jel. 5, 1934 Mrs Chal S. Lelles. Registrar.	(Signed) Colone M. D. (Address) Delour md.		

V. S. No. 1

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PHYSICIANS should state

stated EXACTLY.

certificate.

ARGIN RESERVED FOR BINDING

UNFADING INK-THIS

AGE should be

supplied.

-WRITE PLAINLY, WIT, mation should be carefully

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

of OCCUPA-

Exact statement

IS A PERMANENT RECORD. Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

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1. PLACE OF DEATH	F MAKILAND	CERTIFICATE OF DEATH 0143	14
County Carroll		Desistantian Diet No.	1
Village or City Sylvenible  Length of residence in city or town where de	(III)	Registration Dist. No.  No. Strangfield State Houseld St.,  death occurred in a horping for institution, give its NAME instead of street and numbers.  33 ds. How long in U.S. if of foreign birth? yrs. mos.	
2. FULL NAME Ella M	Myers	Strate Wrot.	ds.
	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
Jemela White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Oay) (Oay)	Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of David	E. Myers -	22. I HEREBY CERTIFY. That I attended decease Novembers 18 19 32, to February 8, 1	
7. AGE Years Months 2	Deys   If LESS then I day,hrs. ormin.	to have occurred on the date steted above, at 1:30 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	th is sald
8, Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	None -	Solar Preumonia 2-	
10. Date deceased last worked at this occupetion (month and year)	II. Total time (years) spent in this occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  13. NAME	Co. Virginia	D # . 0	126
13. NAME Programme 14. BIRTHPLACE (city or town) (State or country)	Known	Name of operation Date of Whet test confirmed diagnosis? Was there an eutopsy	y?
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT	mian -	23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?	
(Address)  18. BURIAL, CREMATION, OR REMOVAL  VOLUME CONTROL OF THE CONTROL OF TH	Date Feb 10, 1934	Manner of injury	
19. UNDERTAKER SERVICER (Address) Ballinese	Cole,	24. Was disease or injury In any way related to occupation of deceased? If so, specify	
20. FILE JES. 8 , 1034 CHE	any Heer Registrar.	(Signed) M. Ving vina Beyer (Address) Systemble, M.	M.D.
If more bla	inks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

STATE OF MADVIAND CEDTIFICATE OF DEATH

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	Î	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	920
County Carroll	Registration Dist. No.
Village or City Rykesvelle	No. Springfield State Hospital St., Ward
Length of residenca in city or town where death occurredyrsmos.	death occurred in a Morpital or institution, give its NAME instead of street and number)  12 ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Isaac Urem.	
(a) Residence: No. Ellicott City Thd. (Usual place of abode)	St., Ward. Ellicott City. Md.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Note:  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Angle	21. DATE OF DEATH  Telmany /2 4  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(44),
(or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from 12. 1931, to 1 through 12. 19. 34
6. DATE OF BIRTH (month, day, and yeer) Alcember 183 1849	lest saw hum alive on Library 11, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
84 1 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
R. Trade profession or particular	were as follows:  Date of onset.  River to
kind of work done, as SPINNER, Farm laborer SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	/ 4 4 4 A A A A A A A A A A A A A A A A
9. Industry or business in which	Lemeral Williams Classes 1931
work was done, as SILK MILL, SAW MILL, BANK, etc	Chronic Myscarditis Prior to
10. Date deceased last worked at this occupation (month and 1930 spant in this occupation month and 1930 spant in this occupation year)	1931
2. 40	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Purlo Provide
13. NAME Smallwood Orem	Mithal Regurgetation 1931
14. BIRTHPLACE (city or town) Lukuron	Name of according
(State or country) Balls. Co. Md.	Name of operation Physical argus of Reymorus What test confirmed diagnosis? No Wes there an au'opsy? No
15. MAIDEN NAME Susan Knight	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). Luchrown	Accident, suicide, or homicide?
(State or country) Ballu. Co. Md.	Where did injury occur?
17. INFORMANT Jumpfield State Hospital (Records)  (Address) Syphesvelle, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18/BURIAL, CREMATION, OR REMOVAL	Manner of injury
fungiell Hosp Cene. Date Feb. 15, 1934	Nature of injury
19. UNDERTAKER VEEN + Sour Dae.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Superville Mil.	If so, specify
Tek 1h 2 d Change Hiseel	(Signed) John A. Murris M.D.
20. FILED Flb: /N, 193 4 Stary N SUL Registrat.	(Address) (S.SH.) Dykesville. Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B

#### 01436 STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			(92.5)	
County Carroll	WITHIN CO.		Registration Dist. No.	6
Village or City Westman		ETIMITS CERE	No. St.	Ward
			f death occurred in a hospital or institution, give its NAME instead of street  4/_ds. How long in U.S. if of foreign birth?yrs	
0	O #	0	1 6	
2. FULL NAME SEORGE	Peler	- Ferry	to anelaler	
(a) Residence: No.	(Usual place	of abode)	St., Ward.  If nonresident give city or town	and State
PERSONAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Feb. 5	, 193 4
5a. If married, widowed, or divorced			(Month) (Day)	(Year)
(or) WIFE of 7 he Late Em	ma B. Pa	melaker	22.   HEREBY CERTIFY, That   atter	
			about aprix 1 1, 1931, 10 Feb. 5	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days	1852	I last saw has alive on fight 4 m, 193	3.7; death is sald
	Days	If LESS than 1 day,hrs.	to heve occurred on the date stated above, et	
S Trade profession or particular	1 9	ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER. A clirical Fiarmour SAWYER, BOOKKEPER, etc.			cume myorarans	5 year
9. Industry or business in which			<b>V</b>	
work wes done, as SILK MILL, SAW MILL, BANK, etc	1			,
- I time coda parion (month and	spa	ime (years) nt in this		
year)	007	upation	Other Contributory Causes of Importance:	
I2. BIRTHPLACE (city or town)	7	******	chinic simelities	8 yeur
1	and	1	and Bronchicelosis	
13. NAME Daved PE	nebach	<u>~</u>	" Summe	
The state of the s	lund		Name of operetion Date What test confirmed diagnosis? Churcul Was there	
15. MAIDEN NAME Hannas	Bil	0		
I S DIDTING ACT (city and city)			23. If deeth was due to external causes (VIOLENCE) fill in elso the folk  Accident, suicide, or homicide? Date of injury	
16. BIRTHPLACE (city or town)  (State or country) In and	Rand		Where did injury occur?	, 13
17. INFORMANT Price Laura	Pa ! -	1	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC	State) C PLACE.
(Address) meetin	rate m	-el		
18. BURIAL, CREMATION, OR REMOVAL	7 /		Manner of injury	
Place 28 miders	Date Field	7,19.3.4.	Nature of injury	
19. UNDERTAKER 74Basahund	+ son		24. Was disease or injury in any way related to occupation of deceased	7 200
(Address) questimenta	- md		If so, specify	
20. FILED 2/7 19724	Flur	roduo	(Signed) C. F. Gellingsl	M. D.
		Registrar.	(Address) Westwickali	a.,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
THE RESERVE OF THE PARTY OF THE			
			1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

5.00			

JPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	97)
000	County Cakreall	Registration Dist. N
	Village or City Repealer	No. Springfeeld Wal
1		f death occurred in a hospital of institution, give its NAME instead  .
1	2. FULL NAME face a Pottage	
	11 11 11 11 11	01 1/2
	(a) Residence: No. / 6 0 4 Claudence (Usual place of abode)	St., Ward. / 6  If nonresident give city
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH & Reverse
A	If married, widowed, or divorced	(Month) (D
0	HUSBAND of / / Leaf to a company of allows	22. I HEREBY CERTIFY The
	(runusm)	Uor. 19 ,1931,10 Vels
6.	DATE OF BIRTH (month, day, and year) ( leskers ) / P60	I lest saw h. Dk. alive on Feh. 21,
7.	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.40 fm.
_	74   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of imp were as follows:
TION	48. Trade, profession, or particular kind of work done, as SPINNER,	
ATI	SAWYER, BDOKKEEPER, etc	
CCUPA	work wes done, as SILK MILL, SAW MILL, BANK, etc.	arlenaschusen
S	10. Date deceased last worked at this occupation (month and spent in this	
_	year) occupation	Osh- C-adh- C-adh-
12	BIRTHPLACE (city or town) blukeen	Other Contributory Causes of importance:
	(State or country) Olico	
HER	13. NAME Edward Cay	
FATH	14. BIRTHPLACE (city or town) leakers.	Name of operation
-	(State or country)	What test confirmed diagnosis?
HER	15. MAIDEN NAME Macy Clarke	23. If death was due to external ceuses (VIOLENCE) fill in also
MOTHER	16. BIRTHPLACE (city or town). Lukeur	Accident, suicide, or homicide? Date of i
Σ	(State or country) when	Where did injury occur? (Specify city or town, or
17	(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or I
18	BURIAL, CREMATION, DR REMOVAL	Manner of injury
	Total guillos de 1 Date 114 14 , 1934	Nature of injury
10	UNDERTAKER Mege Soy Jus.	24. Was disease or injury in eny way related to occupation of
19	(Address), Sylverill zud	If so, specify
	Yok now . Adams Marin	(Signed) Haud M. 1

ME instead of street and oumber)

ent give city or town and State TE OF DEATH

uses of importance Date of onset

..... Wes there an eutopsy?... fill in also the following:

or town, county and State)

HOME, or In PUBLIC PLACE.

upation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Example 1		Example II	120 011 110
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

ARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B

STATE OF MARYLAND—	CERTIFICATE OF DEATH 111427
1. PLACE OF DEATH County Council Co.	Registration Dist. No.
Village or City A Dolf 25 Will a	W Mayberry  St., Ward  death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME  (a) Residence: No.  (b) (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR KACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH U 25 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That Intended deceased from
1 har 19311	I last saw h alive on Tell 25, 193 4; death Is said
7. AGE Years Months Days If LESS twan 1 day,	to have occurred on the date stated above, at 1130Am.
ormp.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	· rematently 6 mi
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	20.300
10. Date deceased last worked at this occupation (month and year)	Stol Buth
12. BIRTHPLACE (city or town) Wyll' - mill (State or country)	Other Contributory Causes of importance:
13. NAME Carl Thomas Forware	
13. NAME all Thomas factorice  14. BIRTHPLACE (city or town) Union tion (State or country) Canal & Md.	Name of operation
15. MAIDEN NAME Puline amelia Ellen Reases  16. BIRTHPLACE (city or town). Carroll es.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town). Causalt es.  (State or sountry)	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
17. INFORMANT COLL DESCRIPTIONS (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Whome farm Date Flb. 26, 1934	Manner of Injury  Nature of Injury
19. UNDERTAKER OF SOMETON, THE	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED FIEL 26, 1934 Marsh B. Will Registrar.	(Signed) Mas A. Haller M. D. (Address) Assuration of the control o
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago	
MGU: 8 1934				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR FURT	HER STATEMEN	TS BY PHYSIC	IAN
Stillerth.	se letter	ander Dr	marty.	3-12-34
	7 00 00		`	

V. S. No. 1 m of OCCUPA-

1. PLACE OF DEATH	MARTLAND—	CERTIFICATE OF DEATH 01440
County Carrall		Registration Dist. No. 74
Village or City Agree C	Cocurred Dyrs. 4 mos	No. Abstract Action of the state of the stat
2. FULL NAME Succe (a) Residence: No.	Reshalls (Usual place of abode)	St., Ward. Rechaelle Ma
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
femal whele x	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY, That I ettended deceased from 2 - 19.95
AGE Years Months	Oays   16 LESS than   1 day,hrs.   ormin.	to heve occurred on the date stated above, at // 2d /2m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.      Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc      Date deceased last worked at this recruision (month) and	NAM	Labor Premunia 210.
10. Date deceased last worked at this occupation (month and year)  2. BIRTHPLACE (city or town)	11. Total time (years) spent in this occupation	Other Contributary Causes of importance:
13. NAME Cakedon  14. BIRTHPLACE (city or town) Clube	uy County-	
(State or country)	t-m.	Name of operation————————————————————————————————————
15. MAIOEN NAME Makes  16. BIRTHPLACE (city or town) Makes  (Stete or country) Makes  7. INFORMANT Agrafication (Address) Like Smills	Reads	23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
8. BURIAL CREMATION OR REMOVAL Med Da	te Feb 2/, 1952	Manner of Injury
9. UNOERTAKER W. A. P. S.	the rust	24. Was disease or injury in any wey related to occupation of deceased?
10, FILED 46.19, 19.34 QS	fary Well Registrar.	(Signed) Reed M. Caro M.  (Address) Sigheracelle M.

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 2 of OCCUPA-

1. PLACE OF DEATH	OF MAR	YLAND-	CERTIFICATE OF DEATH 01441
County Carroll			Registration Dist. No. 83
Village or City near Win	riold E	F D Woo	
vinage of City 11961 W 111.	11010, 7.71	(I)	Q DING € St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whe	re death occurred	O_yrslmos	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Larkin (a) Residence: No. Nes	Amos Shi ar Winfie (Usualplace	eld, Md.	St., Ward. !f nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH JELO 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end year) ]	368-1-12		I last saw ha alive on Feb 19th, 1834; death is sain
7. AGE Years Months	Oays	If LESS than	to have occurred on the date stated above, at // 3 / m.
66 1	7	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased lest worked at this occupation (month end year)	11. Total ti spei occi	ime (years) nt in this upation	Other Contributory Causes of importance:
	ryland	*	Usthina ( muchial) Dre. 3.
13. NAME Horace	L.Shipl		Oldena of lungs feb. 19,3
C ! 14. DIKITITLAGE (CILY DI LOWII)	arroll Claryland	0.,	Name of operation Oate of Was there en autopsy?
15. MAIDEN NAME Susar	nah Gilli		23. If death was due to external causes (VIOL ENCE) fill in also the following:
I TO, BIKINPLACE (CITY OF TOWN)	roll Co. yland	. 2	Accident, suicide, or homicide?, 19
17. INFORMANT Miss Estell (AddressR. F. DWood)		<u> </u>	(Specify city or town, county and State) Specify whether injury occurred INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	+ F-1	0711 7/2	Manner of Injury
Place Ebenezer Ceme	Lebit F.C.	194	Nature of Injury
19. UNDERTAKER O.M. M.	ally ind		24. Wes disease or injury in any way related to occupation of deceesed? 70
		/ / A	

CTATE OF MADY AND CEDTIFICATE OF DEATH

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example*II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAD 5 1939	•			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			-	

of ORCUPA.

TION is very important. See instructions on back of certificate.

1.	OIA PLACE OF DEATH	TE OF	MARI	LAND	CERTIFICATE OF DEATH
		oll.			Registration Dist. No. 74
		edom,	DI	T) C111-	o crad llo
				(If	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2	FULL NAME Lau	retta	E.Ship]	Ley, M.D	
	(a) Residence: No.		edom, Mc		
	PERSONAL AND S	STATISTIC	AL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
3. S	Female   Whi			(write the word)	21. DATE OF DEATH  February 17 - 194  (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased from
6. I	ATE OF BIRTH (month, day, and	vear) 186	6-8-19		I last saw h alive on Falls 174 , 1934; death is said
7. A		Months	Days	If LESS than	to have occurred on the date stated above, \$2:.50p.m.
	67	5	28	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end spant in this			Bonign obstruction; not molignant.		
occn	SAW MILL, BANK, etc  Date deceased last worked at this occupation (month element)	at		e (yeers) in this ation	
12.	BIRTHPLACE (city or town) (State or country)	Carro	11 Co.,		Other Coutributory Causes of importance:
ER	13. NAME Lar	kin Sh			
FATHER	14. BIRTHPLACE (city or town) _ (State or country)	Carro Maryl	11 Co.,		Name of operation release of adherions. Oate of
ER	15. MAIDEN NAME He	nriett	a Ship]	Ley,	23. If death was due to externel causes (VIOL ENCE) fill In also the following:
MOTHER	16. BIRTHPLACE (city or town) (State or country)	Carro			Accident, sulcide, or homicide?
	INFORMANT MISS A (Address F.DS	vkesvi		_ey	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  No injury
18.	BURIAL, CREMATION, OR REMOVED PLACE Denezer C		Pale Feby	.20",1934	Manner of injury
19.	UNDERTAKER 6. M. (Address) Ha	Maltz	ind.		24. Was disease or Injury In any way related to occupation of deceased? ??
20.	FILED 7-68-199, 193	of all	any)	Registrar.	(Signed) C. C. Bellengelin M. D. (Address) West Line Land
		Carried Control of the Control of th			

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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principal cause of death and related causes mportance were as follows:  ck of epilepsy  over by street car  tonitis	Date of onset  1 week ago 1 week ago
over by street car	
tanitia	-
ionus	3 days ago
er contributory causes of importance:	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Sorly sur this putient a few lever before deally.
anytherether interrunce time and he ofted and do
send ather in Shipley, Balls, and who attended
this patient
A. Billingalen, M.O.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (11443
1. PLACE OF DEATH	92-00
County Carrell	Registration Dist. No.
Village or City Auberaille	No geringfeels State Naggeladward
Length of residence in city or town where deeth occurredyrs,	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Maranist &	How long in W.S. if of foreign birth?yrsmosds.
	ele
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
fences whele married	(Month) (Dey) (Yeer)
/Se. If merried, widowed, or divorced HUSBAND of	22 _{r)} I HEREBY CERTIFY, That I ettepded deceased from
(or) WIFE of . William Refers	Jan 20 1933 to 7 26 6 1934
6. DATE OF BIRTH (month, dey, and year) June 10, 18 73	I last saw h le elive on Feb 6 19 3 deeth is said
7. AGE Yeers Months Deys If LESS than	to have occurred on the dete steted above, et
60 7 24 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were es follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, Laurella SAWYER, BOOKKEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc  10. Dete decessed lest worked et this occupation (month end	Le portante de la constante de
work wes done, es SILK MILL, SAW MILL, BANK, etc	Julie allerallers 1931
10. Dete decessed lest worked et this occupetion (month end spent in this	
yeer) occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	
(State or country) Mary Cand	Chranic Endorardeli 1933
14. BIRTHPLACE (city or town) Lyckell Co	
44. BIRTHPLACE (city or town)	Neme of operation Dete of
	Whet test confirmed diegnosis?
H N ann an Na	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stete or country) Marc Land	Accident, suicide, or homicide?
Notation P	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT CARREST CERTIFICATION (Address) References Med	Specify whether injury occurred in INDUSTRY, III NOME, OF IN PUBLIC PLACE.
18 BUMAL, CREMATION, OR REMOVAL	Menner of Injury
Liebert Ma. Dete 400. 3., 184	Neture of injury
19. UNDERTAKER & Bankard, Bone	24. Wes disease or injury in any way related to occupetion of decessed?
(Address) It saturately med.	If so, specify
20. FILED Fled. 6 , 1913 4 Coffeely Hree	(Signed) May M. D.
Registrar.	(Address) Afference , Mid
15 more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	t le	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	yitem of infor-	S should state	t of OCCUPA-	1
<b>%</b>	RECORD. Ever	. PHYSICIAN	Exact statemen	
BINDING	PERMANENT	EXACTLY	ly classified.	ate.
FOR	IS A ]	stated	proper	certifica
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Everylitem of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE PLAIN	mation should be	CAUSE OF DEA	TION is very im

SIAIL	F MARY	LAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	HIN CORPORA		1942
000111)		E LIMITS-OFF	Registration Dist. No. 16
Village or City ON estrum			No. 4 Serge St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town whara de	eeth occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Albert	74.3,	Rn	yder
(a) Residence: No. 4	(Usual place of		St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTI			MEDICAL CERTIFICATE OF DEATH
male White	5. SINGLE, MARRI OR DIVORCED Marri	(write the word)	21. DATE OF DEATH  2 (Month)  (Day)  (Gag)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of mary Calice	shaffer &	myder	22.   I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year)	ec 18 -	-1878	I last saw h 1'11 elive on 2 2 3 4 , 19 ; death is said
7. AGE Years Months	Days	If LESS then 1 day,hrs,	to heve occurred on the date stated above, etm.
55	14	ormin.	The PRINCIPAL CAUSE OF DEATH end ralated causas of Importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	a louren		Sphem (following
	.wv.v		my calife in mon-tuberque usla
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc			absess was soused by a Bring took sul-
10. Dato daceasad last worked et this occupation (month and year)	11. Totel tim	ne (years) In this	periasteal at first; cellulitia then developed
2 6 7	OC:up	ation	Other Contributory Canses of importance Followed by septicemias
12. BIRTHPLACE (city or town) ON Files (State or country)	Pace		
1	- San		
13. NAME acop And 14. BIRTHPLACE (city or town) A hill	1 Hall		Name of operation.
(State or country) mary	land		Name of oparetion Deta of Was there an au'opsy?
15. MAIDEN NAME mary la	therine	Cox	23. If daath was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town).	ver cre	ek.	Accident, suicide, or homicide? - Accident - Date of injury
S (State or country) mar	yland		Where did injury occur?
17. INFORMANT Mary & Mary & (Address) On extradam	2. Anys	der	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0 10		Mannar of injury
Place Meadow Bran	Moeta Teb.	6 ,1934	Nature of Injury
19. UNDERTAKER HBanksel	ell ton	n.	24. Was diseesa or injury in any way ralated to occupation of decaasad?
20. FILED 3/3 24 4	uvo.	2	(Signed) M. C. Francisco M. D.
, N		Registyar.	(Addrass) (Asakumeli 24
If more b	blanks are needed, add	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND	CERTIFICATE OF DEATH 01445
1. PLACE OF DEATH	943
County Carrall	Registration Dist. No. 7
Village or City Middlebuna	No. St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
ma.	ds. How long in U.S. if of foralgn birth?yrsmos,ds.
2. FULL NAMES awas 6. Stephan	
(a) Residence: Np.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	2 6 193 ² /
5a. If marriad, widowad, on divorced	(Month) (Day) (Year)
HUSBAND OF COLUMN OF THE OF THE PROPERTY OF THE OFFI	22. I HEREBY CERTIFY, Thet I attanded daceesed from
naria suegani	11-26-,1933, to 2-6,1934
6. DATE OF BIRTH (month, day, and year)	I last saw he elive on 1936; death is said
7. AGE Yaars Months Days If LESS than 1 day	to have occurred on the data stated above, et _ 6 - 9 _m.
13 4 7 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Vale vivineet
SAWYER, BODKREEPER, atc.	
	Susanely
1D. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
TO PROTEIN AGE (ALL AND ALL AN	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State of country)	
13. NAME HENRY Slighinger	
14. BIRTHPLACE (city of town)	Name of exerction
(State or country)	Name of operation Date of  Whet tast confirmad diagnosis? Wes there an au'opsy?
15. MAIDEN NAME TANCES Q. Humbert	23. If death was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or country)	Whera did injury occur?
17. INFORMANT Mrs Gesse a. Bostian	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) () Middlo hura, MA	open, mana many control in moderni, in nome, or in todate tende.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Plane July Date July 1934	Nature of injury
19, UNDERTAKER DO JUSO 4 SON	24. Was disaase or injury in any way related to occupation of deceased?
(Address) Donlytown and.	If so, specify
on suchtely 7 1084 Mrs (thes) 1. A. Olan	(Signad) 1. H Legg M.D.
Registrar.	(Addrass) Musicu Budge

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 uear

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 ä state

	STATE O	F MARYLAND-	-CERTIFICATE OF DEATH	446
1. PLACE OF D	EATH W	TMin	36)	
County To A	roll	THIN CORPORAL STATES	Registration Dist. No. 26	1
Village or City	Westmin	estes	No. St.,	War
			(If death occurred in a horpital or institution, give its NAME instead of street and no osds. How long in U.S. if of foreign birth?yrs	umber)
2. FULL NAME	~ 1	0 0-	*	
		Silwar		
(a) Residence: N	0. 116 80.	(Usual place of abode)	St., Ward.  If nonresident give city or town and S	State
PERSONAL	AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male 4.0	hite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 25	193 (ear)
5a. If married, widowed, or HUSBAND of	divorced Stew	art		47547
(or) WIFE of			22. I HEREBY CERTIFY: That I attended d	
5. DATE OF BIRTH (month	day, and year) 70).	-1-1863	TI QUE	Edeeth is se
. AGE Years	Months	Oays If LESS than	to have occurred on the date stated above, at 46 A.m.	
70	3	2 4/ 1 day,hr ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:	Data of an
8. Trede, profession,	or particular	when I bot	Carcinoma of	Jan
	(KEEPER, etc.	exchant; Ret.	rectum 5	193
9. Industry or busine work was done SAW MILL, BA	as SILK MILL.			
Date deceased last	worked at	11. Total time (years) spent in this		
year)	(month and /925	occupation	Other Contributory Canses of importance:	
2. BIRTHPLACE (city or to	own) md.		Other Contributory Canses of Importance:	
(State or country)	0			
13. NAME  14. BIRTHPLACE (city		varl		
14. BIRTHPLACE (city	or town)	erick	Name of operation Colorland Date of A	ne i
	· -1 /1	a·	What test confirmed diagnosis? Classical Was there an au	
	1101 .0100	in	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city (State or count			Accident, suicide, or homicide? Oete of injury Where did injury occur?	, 19
14.	27TE B.	Stewart	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE	)
(Address)	6 W. main	Westminster Ind.	- Openi, whence many occurred in thooster, in nome, of mrobello FEAC	JE.
18. BURIAL, CREMATION,		7 /	, Manner of injury	
Place Isruau	s orm.	Dete T-eb. 27 ,1934	Neture of injury	
19. UNDERTAKER 7413	ankard 48	on	24. Was disease or injury In eny wey releted to occupation of deceased?	no
(Address) Ju Co	timinater (	md.	If so, specify	
20. FILED - 56	194 JA	Leoven	(Signed) Chao K toul	
		Registrar.	(Address) // Allense //	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUPEAU V S.	\$		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 01447
County Carrall	9200
1	Registration Dist. No.
Village or City Kylkesells (II	death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence in city or town whera death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Usabella tile	ward. 7
(a) Residence: No. (Usual place of abode)	St., Ward // Cashing Gity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
Se. If married, widowed, or divorced	(Month) (Day) , (Year)
HUSBAND of (Unknown) Thewart	22. I HEREBY CERTIFY. That I ettended decaased from
6. DATE OF BIRTH (month, day, and year) - May 241845	I last saw h le aliva on Feb. 16 , 19 3 4 daath is said
7. AGE Yaars Months Deys If LESS than	to have occurred on the date stetad above, at 1.3. 15m.Ph.
88 2 20 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance wera as follows:
3. Trada, profassion, or perticular kind of work dona as SPINNER	Data of onset
kind of work dona, as SPINNER, lauseurfe.	
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	udscerdiles 1923
kind of work dona, as SPINNER.  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data daceasad last workad at this occupation (month end year) year)  year)  11. Totel time (years) spent in this occupation	
11.4	Other Cantributory Causes of importence:
12. BIRTHPLACE (city or town) (Steta or country)	
II I3. NAME (Unkusu) Paks.	
14. BIRTHPLACE (city or town) fukusam	Name of operation Data of
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Mukeusen) Me Doueld	23. If daath was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Me Sound	Accidant, suicide, or homicide? Date of injury, 19
E (Stata or country) Academie	Where did injury occur?
17. INFORMANT Recards (Addrass) Syperwille Med	(Specify city or town, county and State) Spacify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Costonia Med. Dete 16-18, 1934	Natura of injury
19. UNDERTAKER J. J. Surst (Addrass) Lootburg Md.	24. Was disaase or injury in any way releted to occupation of daceasad?
20. FILED Grb. 16, 19.34 Charry When Registrar	(Signed) Mand M. Cera M. D.  (Address) Superville The
	2411 N. Charles Street, Baltimore Requesting 7) S. No. 7

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01448
	100 Point 100 Point 77
County Ogerspell	Registration Dist. No.
Village or City/tampoleud	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance In city of town where death occurred 3yrs,mos.	ds. How lang in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME / woodors Walson	I Una cep
(a) Residence: No. (Usual place of abode)	St., .— Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Mule Mule Mule Mule	21. DATE OF DEATH  (Month)  (Day)  (Day)
5a. If married, widowed, or divorced HUSBANO of	\(\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex
(or) WIEE of Elsie Marce Graces	22. HEREBY CERTIFY Internet decased from
dent. 7 1861	I last saw h him alive on $f = 10$ , $f = 193$ 4 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 5, 30 Pm.
7 1 9 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8. Trade, profession, or particular	O Evelval . Harmonly 2 7/29/34
kind of work done, as SPINNER, Let, toward	July 1
kind of work done, as SPINNER, Out. †  SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, as STLK MILL SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and deceased) in this count in this	
SAW MILL, BANK, etc.   11. Total time (years)	
this occupation (month and war) spent in this occupation occupation occupation occupation occupation of the occupation oc	
Ret L.	Other Contributory Causes of Importance
12. BIRTHPLACE (city or town) (State or country)	lulico de les vois Outra Mukung
13. NAME Wall in acces	
13. NAME / Megall Concer	Nama of oparation Oate of
(State or country)	What test confirmed diagnosis?
15. MAIOEN NAME Mare Canal amende	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Mary Curt Current	Accident, suicide, or homicide?Oate of injury
(Stata or country) Therefore .	Where did injury occur?
17. INFORMANT Elace Mails Graces	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hamkol I mal	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Mule Charles Oate 1994	Natura of injury
19. UNDERTAKER Edge Confidence	24. Was diseasa or Injury In any way related to occupation of deceased?
(Address) Hampstead Med	If so, specify
20. FILED Teb. 17, 1934 mildred S. Hughes	(Signed) That My Shish M. D.
Deputy) Refistrar.	(Address) Haufishad Mas
If more branks are needed, a daress Stale Registrar,	2411 N. Charles Street, Balfimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of cpilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DECE	July 5,1927	Peritonitis	3 days ago
	1000			
	JAI.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones	S) III	May 1,1923	Gastroenteritis	1 year

ż

1. PLACE OF DEATH	3
County Curroll	Registration Dist. No. / 6
Village or City new Supery Hell	No. St., Wal
	f death occurred in a hospital of institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrs
2. FULL NAME James Truman	Warner
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White Single, Married, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) F. J. 22-1/934	I last saw h alive on M. F. C. P. R. 1934; death is se
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Intra Utering Orphysica Date of one
9. Industry or business in which	(Still born)
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) was Aypery Kill (State or country)	Other Contributory Causes of importance:
I I3. NAME Truman Wasner	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME mary dittle 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Truman Wagner (Address) Waster & Day RIDY	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CRENTION OR REMOVAL  Place Tronconcours Date 2-23, 1934	Manner of Injury
19. UNDERTAKER Summer Cooper (Address) Kestumper Koop	24 Was disease or injury in any way related to occupation of deceased?
20, FILED 5/52 19510 Silles of word	(Signed) J. J. Bullingslin M.

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S Date of onset	mi i i i i i i i i i i i i i i i i i i	
	The principal cause of death and related causes of importance were as follows:	
1910		1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

BINDING

RESERVED

ARGIN

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Cerebral hemorrhage	MAR 7 1934	July 5,1927	Peritonitis	3 days ago
	BEIRPAIL V.S.			
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1151
1. PLACE OF DEATH	WE /	1451
County Oscol	Registration Dist. No. 75	
Village or City Linebow	NoSt.,	Ward
Length of residence in city or town where death occurredyrs!mos	f death occurred in a horpital or institution, give its NAME instead of street and n	
2. FULL NAME Musmie Susan (1)	alker.	
(a) Residence: No. Jeneboro med. P.	St. Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX SCOLOR OR BACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Hele 2/- (Month) (Day)	, 193 4.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended of	deceased from
	apr. 1 - ,1933, to Fiel. 21-	1934
6. DATE OF BIRTH (month, day, and year) Mar. 3. 1910	I last saw here alive on tell 21- ,1934	; death is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at 5. m.	
23 11 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	D.A. desira
8. Trade, profession, or particular kind of work done as SPINNER	A. A.	Date of onset
kind of work done, as SPINNER, as home	Milial Steriosis	4/1-33
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and		7
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:	
(State or country)	Constitution of the	111.32
13. NAME aufliney 6, Malker	Dedima glung	77.1720
13. NAME Chipliney 6, Malter  14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town).	Name of operation Date of	
E 15. MAIDEN NAME Coco Grosa.	What test confirmed diagnosis?	
	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	, 19
17. INFORMANT Checkbery G. Malfare (Address)	Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	) ICE.
18. BURIAL, GREMANO OR DEBOVAL		
Place 12 Lach Roch Store 2/24, 1934	Manner of injuryNature of injury	
19. UNDERTAKER SUCHES (Address)	24. Was disease or injury in any way related to occupation of deceased?	no:
20. FILED Febr. 2 2, 19 34 Mrs. K. P. S. Denner	If so, specify (Signed) A Yagle.	M. D.
Registrar.	(Address) New to readons	/ Ca:

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 year

, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
May 1,1923	Gastroenterius	
	1915 1921 Iuly 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car  Iuly 5, 1927 Peritonitis  Other contributory causes of importance:

or- ate	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01453
inf st SUP	1. PLACE OF DEATH	97)
onld of	County Carles (Carroll)	Registration Dist. No. 7/
sho of (	Village or City Uniontown Diste	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
4 W 4	Length of residence in city or town where death occurredyrsmos.	
CORD. Every PHYSICIANS oct statement	2. FULL NAME Tvilliain Henry The	arehime
D. J SIC tate	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECC. PH.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.	3. SEX 4. COLOR OR RACE OR DIVORCED (wind the word)  Solvente marries	21. DATE OF DEATH  Tell 15 (Day)  (Year)
RMANER X A C T J	5a. If married, widowed, or divorced HUSBAND of Varehine (or) WIFE of Varehine	22. I HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) Set 8, 1855	Hast saw has elive on thet 15 1954; death is said
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2-30 Pm.
IS A I stated properlifical	78 5   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER, Hamming	Ashur Scherdis
<b>E</b>	SAWYER, BDDKKEEPER, etc.	
KK—T should it may n back	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
F-4	10. Date decessed last worked at this occupation (month and spant in this	
VG I AGE that ons	year) occupation	Other Contributory Causes of importance:
NFADING pplied. AGI srms, so tha instructions	12. BIRTHPLACE (city or town)	
FA] ied. ns, stru	(State or country)	Gastre Testesting
	14. BIRTHPLACE (city or town) - Markand	Whiletin
H st in	14. BIRTHPLACE (city or town) - maryland (State or country)	Name of operation Date of
Ti gir		What test confirmed diagnosis? Was there an autopsy?
INLY, WIT be carefully EATH in pla important.	E Charles	A saidest wiside as beginning.
ca TTH por	O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
	17. INFORMANT Mis amanda Warehime (Address) Pulstimuste md. P. D. #1.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Por 70	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
四一日	Place Bourst Church Date All. 19, 1934	Nature of injury
mation s CAUSE TION is	19. UNDERTAKER J. M. Files of fon (Address) Little dam PA-Pe P. St.	24. Was disease or injury in any wey related to occupation of deceased?
m (T)	The state of the s	(Signed) Thurst M.D.
z U	20. FILED FRS. 17., 1934 Margarel R. Treglar Registrar.	(Adress) of gratuale Sid
	If more blanks are needed address State Peristran	N. Charles Sanger Baltimore Barrey - 571 C N.

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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

STATE	OF	MARYLAND—CERTIFICATE OF DEATH
		Manuland Wilhamailacta Sanatantim

STATE OF MA	KYLAND-	CERTIFICATE OF DEATH	11454
1. PLACE OF DEATH Mar	*	culosis Sanatorium	11404
County Carroll	CoTole	ed Branch Registration Dist. No. 74	
Village or City Henryton, Md.	0 5 ^{(lf}	No. (above)  St.,  death occurred in a horpital or institution, give its NAME instead of street and no.  14 ds. How long in U.S. if of foreign birth?	Ward wmber)
		How long in U.S. if of foreign birth?yrsmos	i ds.
2. FULL NAME Emily Crosby			
(a) Residence: No.1522 Brentwoo		If nonresident give city or town and	Cana
PERSONAL AND STATISTICAL PA	place of abode)	MEDICAL CERTIFICATE OF DEATH	tate
	MARRIED, WIDOWED,	21. DATE OF DEATH	
Female Colored Ma	ORCED (write the word)	Feb., 27, 1934 (Month) (Day)	193 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sammie W	hite	22. I HEREBY CERTIFY, That I attended of Sept., 13, 1933 to Feb., 27, 1	eceased from
6. DATE OF BIRTH (month, day, and year) Mar., 1	3. 1909	on Fob 97 1034	: daath is said
7. AGE Years Months Day		to have occurred on the date stated above, at 5.00 A. M.	
24 11 14	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
% Trade, profession, or particular kind of work done, as SPINNER, House		Pulmonary Tuberculosis	Date of enset
9. Industry or business in which			Jan.
work was done, as SILK MILL, At ho	me	-	1933
10. Date deceased last worked at this occupation (month and nknown year)	otal time (years) spent in the Inknov occupation		
12. BIRTHPLACE (city or town) Mary Hills (State or country) North Caro	14.88	Other Contributory Canses of importance:	
1			
I 13. NAME James M. C			
14. BIRTHPLACE (city or town) Mary Hills		Name of operation Date of	0 -7
(State or country) North Carc		What test confirmed diagnosis? Was thera ал а	Jiopsy?
15. MAIDEN NAME Smithe All		23. If death was dua to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Mary Hills		Accident, suicide, or homicide? Data of injury	, 19
- (Stata of country) IVOI CIT CAPE	TIME	Where did injury occur?(Specify city or town, county and State	)
17. INFORMANT John E. O'Neill, (Address) Henryton, Md.	М. В.	Specify whether Injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLA	CE.
18. BURIAL, CREMATION OR BEMOVAL PICE PART. Carray Comp. Date.	moh 2,1034	Manner of injury	•
19. UNDERTAKER AM JAA SMALL (Address)	volen	24. Was disease or injury in eny way related to occupation of deceased?	no.
20. FILED 2/27/34, 19 Phy CO	Mall	(Signed) Thu Connegle (Address) Trung ou	1. M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
. com			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

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Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURFALLY S			
Other contributory causes of importance:		Other contributory causes of importance:	132
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	- (2)
County Cauall	Registration Dist, No. 76
Village or City scar Canalton  Length of residence in city or town where death occurred 68 yrs	No. St., Ward
2. FULL NAME Mary Thorsda Missa (a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR BACE  1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  1. Mile	21. DATE OF DEATH  Jehnsy 25 1934  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) March 22, 1865	22.   HEREBY CERTIFY, That I attended deceased from aug. 1 1922, to 5 10 25 1937   1937   1 last saw har alive on 5 2 2 1 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs  B Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	to have occurred on the date stated above, at
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  Minushaud  Language  Kind of work done, as SPINNER, Language Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Language  Languag	Other Contributory Canses of importance: Cheorie Interstitual replication of year
13. NAME John Neylow  14. BIRTHPLACE (city or town)  (State or country)  Mayland	Name of operation. Date of
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or counity)  17. INFORMANT  (Address)	23. If death was due to external causes (VIOL ENCE) fill in also tha following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL  Place Settle Cumulary Date 9 th, 28, 19.74	Natura of injury
19. UNDERTAKER  (Address)  Mantaugustis  20. FILED  7. 1974  Registrar.	24 Was disease or injury In any way related to occupation of deceased?  It so, specify  (Signed) C L Ellingelle M. [ (Address) Wild the state of the
Registrat.	(Audiess)

If more blanks are needed, address State Registrar, 211 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Curvel WITHIN CORPORATE LIMITS	Registration Dist. No.
Village or City ( Vesermine)	No. 46 Liberty St., Ward
(If Length of residence in city or town where death occurred 29 yrs 2 mos.	death occurred in a horpital or institution, give MAME instead of street and number)  29. ds. How long In U.S. If of foreign birth?
2. FULL NAME Hilda, Marie 3	ents (see Senty)
(a) Residence: No. 4 6 Fiberts	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemole White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 - 18 - 193 (Year)
ia. If married, widowed, or divorced HUSBAND of	22. I H/EREBY CERTIFY That lattended deceased from
(or) WIFE of Care georg	Now 1933 to Feb. 18 184
5. DATE OF BIRTH (month, dey, and year) Nov. 19 1904	I last saw h_ R alive on Feb 18 - 19 4; death is said
7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, et
29 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, 7	Tuberculous (Valen)
kind of work done, as SPINNER, Jause on fe SAWYER, BOOKKEEPER, etc.  9. Industry or business In which	- Sf wholins
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased lest worked at this occupation (month end spant in this occupation coupation coupation this occupation this	
12. BIRTHPLACE (city or town) Westminster	Other Coutributory Causes of importance:
(State or country) In aryland	
13. NAME Edward Greenholtz	
14. BIRTHPLACE (city or town) Ovestminster	Name of operation Date of
(State or country) maryland	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Cora Houses	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Linear Aller (State or country) Marsland	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Earl genty (Address) Out of Santa	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Westmander Date Feb. 21, 1934	Nature of injury
19. UNDERTAKER HB ankevel + 5 m	24. Was disease or injury in any way related to occupation of deceased?
2/200001110	(Signed) (Signed) M. D.
20. FILED Registrat.	(Address) Mistrumela Ind

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
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Other contributory causes of importance:		Other contributory causes of importance:	mwhd.
Gallstones	May 1,1923	Gastroenteritis	1 year